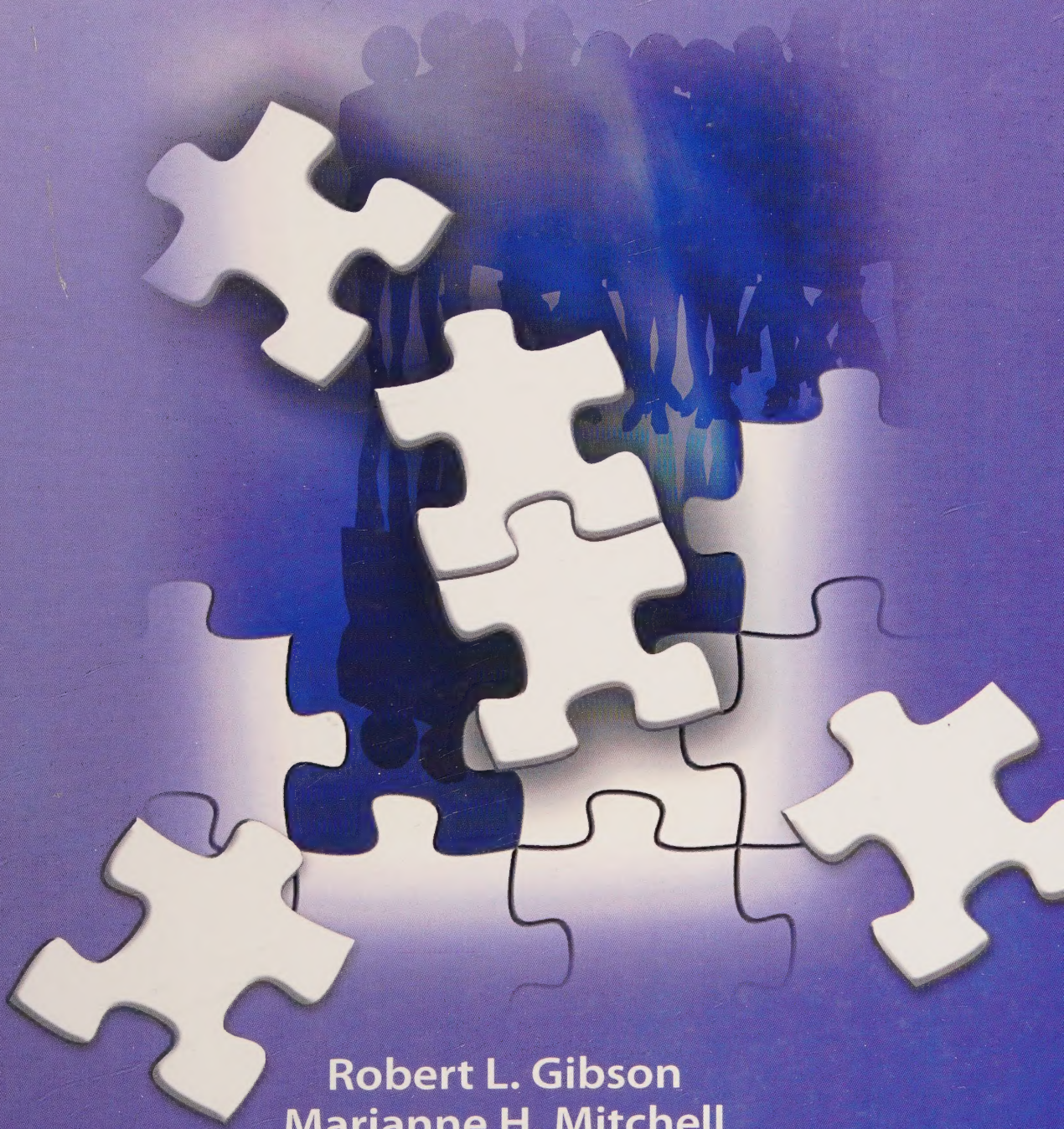
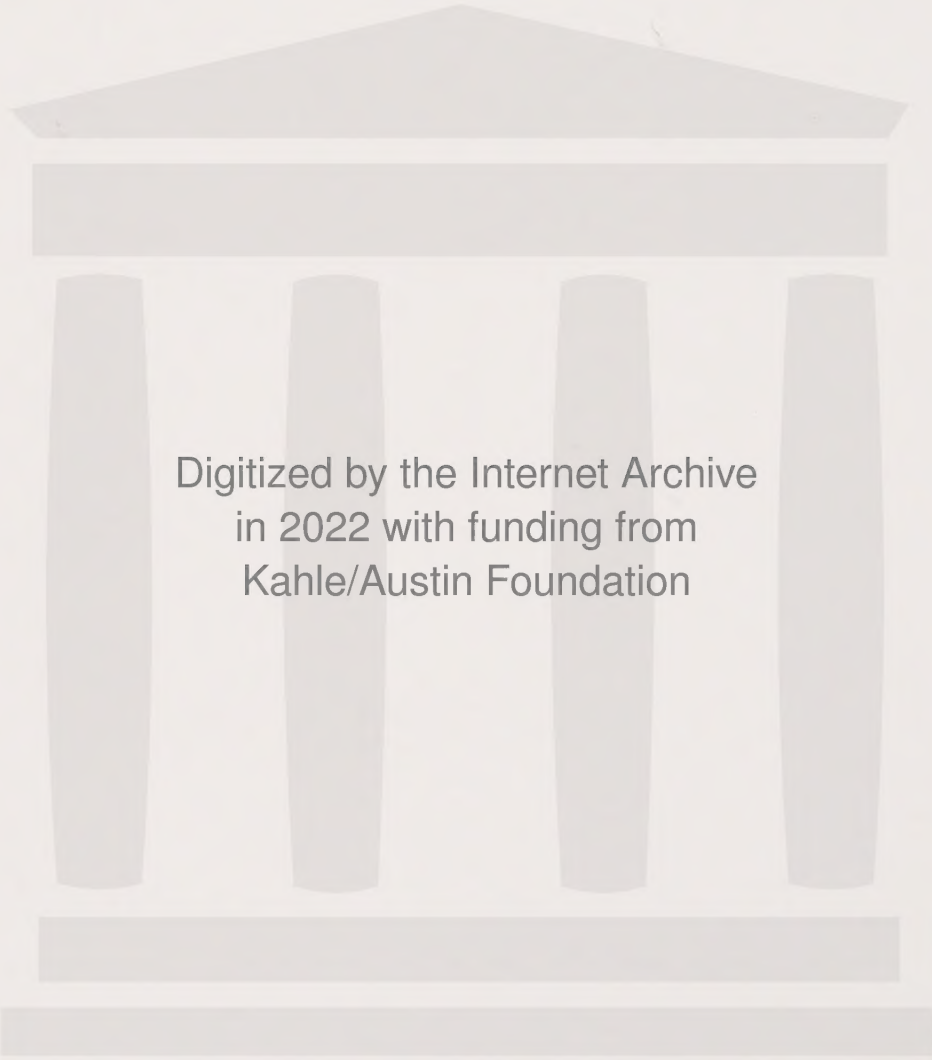


SEVENTH EDITION

Introduction to Counseling and Guidance



Robert L. Gibson
Marianne H. Mitchell



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Introduction to Counseling and Guidance

SEVENTH EDITION

Robert L. Gibson

Indiana University

Marianne H. Mitchell

Indiana University



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To our parents—for a lifetime of guidance

*Flora Lewis Gibson
Alva Jason Gibson*

*Helen Metzger Mitchell
Frank Henry Mitchell*

About the Authors



Dr. Robert L. Gibson is Professor of Education, Department of Counseling and Educational Psychology at Indiana University, Bloomington, Indiana. In addition to his experiences as a counselor educator, he has been a high school teacher, counselor, and director of guidance, as well as a college counselor. His service activities include chairperson of the Guidance and Counseling Committee of the North Central Association of Schools and Colleges; member of the state guidance advisory committee in two states; president of two state counseling associations; treasurer of the Association for Counselor Education and Supervision (ACES); plus various state and national committee memberships.

His research activities include directing funded international research projects in the areas of pupil academic achievement, common educational problems of youth, and school dropouts. Recent studies include theoretical preferences of practicing counselors and studies of counselor functions in varied settings.

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Dr. Mitchell is co-director of Indiana University's programs in Bermuda and Scotland.

P r e f a c e

This book is designed for those who seek a comprehensive overview of the profession of counseling. In this text, readers will find a broad, general discussion rather than the in-depth treatment that students majoring in counseling can anticipate later in their specialized preparatory courses.

The objectives of this book are to provide the reader with an overview and general understanding of (1) historical perspectives and current activities of counselors, (2) the role and function of counselors in a variety of settings, (3) techniques utilized by counselors, (4) multicultural considerations in counseling, (5) the impact and role of technology and globalization on counselor functioning, (6) organization of counseling programs, and (7) legal and ethical guidelines.

Although counselors in all settings adhere to the same basic principles and practices, it is recognized through special attention in Chapter 3 that counselors function somewhat differently in these various settings. It is, therefore, our hope that counselors, regardless of their intended work setting, will find this book to be an appropriate introduction.

The initial chapter provides the reader with the historical development of the counseling profession. This chapter is followed by chapters discussing what counselors do and where they work. The chapters that follow provide an overview of the basic activities in which counselors are engaged. For example, Chapter 4 focuses on the primary and distinguishing activity of counselors—individual counseling—followed by chapters that discuss group counseling and multicultural counseling. Chapters 7 through 9 discuss other basic activities of counselors: assessment, career development, and consultation. Chapter 10 discusses the current trend of increased counselor attention to prevention. Chapter 11 presents a process and format for integrating the various counselor functions into a relevant and effective program designed to serve a specific target population. The final chapter presents those ethical and legal considerations that confront all counselors.

As an introductory text, this book has been written and revised in a style that we hope is readable and enjoyable as well as informative. Your comments, suggestions, and reactions will be most welcome.

ONLINE INSTRUCTOR'S MANUAL

The *Online Instructor's Manual with Test Items* is free to adopters of this text. This electronic material includes chapter overviews, discussion questions, class activities, and homework assignments, in addition to a solid test bank with true/false, multiple-choice, and essay

questions. Adopting professors can access this supplement with an access code by searching www.prenhall.com under the ISBN 0-13-173821-6.

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R. L. G.
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NOTE: Every effort has been made to provide accurate and current Internet information in this book. However, the Internet and information posted on it are constantly changing, so it is inevitable that some of the Internet addresses listed in this textbook will change.

1

Historic Perspectives

COUNSELING: A RESPONSE TO HUMAN NEEDS

Many of you have recently decided to prepare for careers as counselors; some of you may be considering such a decision; still others may be interested in counseling because you are in or are preparing to enter various careers in which some introductory knowledge of this field may be helpful. In this process you probably asked yourself, Why have I selected this field? On occasion, you also may have even thought, Why do I have to work? Both are age-old questions that are vital to society and that have been discussed and researched extensively over the years.

Perhaps an equally important question, but one not raised quite as frequently or researched as extensively, is Why do certain careers exist? What were the factors that led to their demand and creation? The answers to these questions are fairly obvious for such fields as medicine and law, for the need for physicians and lawyers in society has been clearly and universally recognized since the earliest recordings of civilizations. Less clear to many, however, is the role of occupations that are not so well known, such as ornithology, demography, and cytotechnology.

Everyone in society does not have to understand and accept the need for all careers, but those studying the general areas encompassed by counseling will benefit from knowing the nature of the societal needs to which counseling and counselors are responding and, in turn, understanding the nature of those responsibilities and responses.

This first chapter, therefore, briefly reviews the historic antecedents leading to the development of counseling programs and the professional careers they represent. You may determine whether counseling and counselors are a response to human needs or just another fancy that will pass when the need is examined more closely and critically.

OUR HERITAGE FROM THE PAST

It is quite possible that the earliest (although unconfirmed) occasion in which humans sought a counselor was when Adam reaped the consequences of his eating the apple in the Garden of Eden. No proof exists of this early beginning to counseling, but an abundance of evidence suggests that persons throughout the ages have sought the advice and counsel of others believed to possess superior knowledge, insights, or experiences.

Perhaps the first counterparts of the present-day counselor were the chieftains and elders of the ancient tribal societies to whom youths turned or were often sent for advice

and guidance. In these primitive societies, tribal members shared fundamental economic enterprises, such as hunting, fishing, and farming. No elaborate career guidance programs were developed—or needed—because occupational limitations were usually determined by two criteria: age and sex. Later, as skills became more recognizable and important to societies, occupational trades began to be passed down, mostly within families. Thus, potters passed on the secrets and skills of their trade to their sons, as did the smiths and carpenters. Women passed on their skills to their daughters; however, their occupational opportunities were limited.

A study of early primitive life can lead one to conclude that most of the conflicts existing in present-day society regarding career decision making were absent. This lack of a career decision-making dilemma, however, should not be interpreted to mean that workers did not enjoy or take pride in a job well done. Even the earliest evidence of humankind's existence indicates that pride and pleasure resulted from developing and demonstrating one's skills—in developing one's human potential.

In early civilizations, the philosophers, priests, and other representatives of gods and religions assumed the function of advising and offering counsel. The historic origins of the concept of developing one's potential may be identified in the early Grecian societies, with their emphasis on developing and strengthening individuals through education so that all could fulfill roles reflecting the greatest potential for themselves and their societies. Each person was believed to harbor forces that could be stimulated and guided toward goals beneficial to both the individual and the community. Of these early Greek counselors, Plato more than any other person is generally recognized as one of the first to organize psychological insights into a systematic theory. Belkin (1975) notes that Plato's interests

were varied, and he examined the psychology of the individual in all of its ramifications: in moral issues, in terms of education, in relation to society, in theological perspective, and so on. He dealt with such questions as "What makes a man virtuous—his inheritance, his upbringing, or his formal education?" (*Meno*), "How can children be most effectively taught?" (*Republic*), and "Which techniques have been successfully used in persuading and influencing people in their decisions and beliefs?" (*Gorgias*). But it is not the specific questions themselves that prove important to counselors, but, rather, the method that Plato used to deal with these questions, a method which, more than any other in the history of human thought, sets the way for the counseling relationship. It is a dramatic method, in which profound questions are dealt with through the dynamics of very real human interactions, a method in which the characters are as important as the things they say. (p. 5)

The second great counselor of the early civilizations was Plato's student Aristotle, who made many significant contributions to what was to become the field of psychology. One of these was his study of people interacting with their environment and others. Also, Hippocrates and other Greek physicians offered the opinion that mental disorders were diseases originating from natural causes.

In ancient Hebrew society, individuality and the right of self-determination were assumed. The early Christian societies emphasized, at least in theory if not always in practice, many of the humanistic ideals that later became basic to democratic societies and, in the 20th century, the counseling movement.

Philosophers who were also educators, such as Luis Vives (1492–1540), recognized the need to guide persons according to their attitudes and aptitudes. Foreshadowing the more recent women's equity movement and the earlier women's liberation movement,

“Vives in his *De subventionem pauperum* (Bruges, 1526) even demanded that girls should be prepared for useful occupations” (Mallart, 1955, p. 75).

In the Middle Ages attempts at counseling increasingly came under the control of the church. By the early Middle Ages, the duty of advising and directing youth had become centered in the parish priest. At that time education was largely under church jurisdiction. Sporadic efforts at placing youth in appropriate vocations occurred during the rise of European kingdoms and the subsequent expansion of the colonial empires. Books aimed at helping youths choose an occupation began to appear in the 17th century (Zytowski, 1972). A number of picture books also appeared depicting different occupations. One of the more popular publications was Powell’s *Tom of all Trades: Or the Plain Path Way to Preferment*, published in 1631 in London. “Powell gives much information on the professions and how to gain access to them, even suggesting sources of financial aid and the preferred schools in which to prepare” (Zytowski, 1972, p. 447).

Also during this time, René Descartes (1596–1650) and others began to study the human body as an organism that reacted or behaved in response to various stimuli. These studies were to be forerunners for later, more accurate and scientific psychological studies.

In the 18th century Jean-Jacques Rousseau (1712–1778) suggested that the growing individual can best learn when free to develop according to his or her natural impulses; he advocated permissiveness in learning and learning through doing. At approximately the same time, the famous Swiss educator Johann Pestalozzi (1746–1827) expressed the belief that society could be reformed only to the extent that the individual in that society was helped to develop.

For centuries, however, many with mental illnesses, as well as those with physical illnesses, went underground and retreated. Whereas the wealthy could afford the attention of physicians, most mentally ill patients were almost always treated in the home. Those poor who received any treatment at all found help in hospitals run by religious orders. For the first 75 years of the existence of the United States of America, few public facilities existed for the treatment of the mentally ill in this new nation.

The newly independent United States did have leading citizens with a counseling viewpoint. One of its most versatile citizens, Thomas Jefferson, called for a plan to recognize and educate its male youth as a source of national leadership. The second president, John Adams, called for laws ensuring the liberal education of youths, especially of the lower classes. He felt that no expense for this purpose could be thought extravagant.

Horace Mann, the most famous U.S. educator of the 19th century, included in his *Twelfth Annual Report* a notation of the advantages of the American common school system, advantages that were to be conducive to the development of counseling and guidance programs in U.S. education in the 20th century. Mann reported that “in teaching the blind and the deaf and dumb, in kindling the latent spark of intelligence that lurks in an idiot’s mind, and in the more holy work of reforming abandoned and outcast children, education has proved what it can do by glorious experiments” (Johansen, Collins, & Johnson, 1975, p. 280). Mann also believed that education should have as one of its objectives the reform of society, and he continually stressed this view in his reports to the Massachusetts Board of Education.

In the wake of the political scandals of the Ulysses S. Grant administration and other evidence of the decay of Christian morals, methods of moral instruction and moral education became significant in the later 1800s. In 1872, the noted educator A. D. Mayo stated

that morality and good citizenship were indistinguishably intermingled and that moral education in the public schools should be based on concepts, principles, and models drawn from the Christian tradition of U.S. society.

During this period, the biologist Herbert Spencer (1820–1903) set forth his concept of *adjustment*. This biological concept held that forms of life that do not adapt to their environment eventually become extinct. From this, Spencer concluded that perfect life consisted of perfect adjustment. In other words, biological adjustment is a criterion of life. Adaptive behavior is that which maintains life.

Also important to the scientific study of behavior and of special significance to the eventual development of counseling as a psychologically based profession was the emergence of the field of psychology itself during the latter part of the 19th century. Preceded by physicists and physiologists who conducted experimental investigations that led to reliable information on physical and physiological aspects of behavior, similar investigations launched psychology as a separate science in the late 1800s. Psychology's formal beginnings as a separate science occurred in 1879 when Wilhelm Wundt opened his Psychological Institute at the University of Leipzig. This was the beginning of the movement toward a systematic inquiry into human behavior rather than aimless and often biased observation. With William James (1842–1910) as its early American leader, psychology emerged over the next hundred years as a recognized discipline with its own distinct areas of specialization, inquiry, and training.

The rise of psychiatry as a specialty of medicine was another important and relevant development of this period. This field led to a decline in the support of moral treatment for mental disorders, because psychiatry advocated organic treatment for organic causes. During this same time, the state mental hospital movement, led by Dorothea Dix, resulted in the development of these institutions and the removal of much of the care for at least the seriously mentally ill from local communities (Goshen, 1967).

A major contribution to the field of psychiatry and to all of mental health in the early 1900s was the studies and writings of Sigmund Freud, an Austrian. His writings advanced the historical prominence of psychoanalytic theory and influenced later prominent theorists in the field, such as Alfred Adler, Albert Ellis, and Fritz Perls. (Freud died in 1939 in London, England, where he had gone as a refugee from the Nazi occupation of his country).

As the United States entered the 20th century, its society was growing more complex, and finding one's appropriate place within it and adjusting to it were becoming increasingly complicated. Many adults were turning to such traditional sources of guidance as their family physician, minister, or employer. However, the 20th century seemed ripe for a considered and genuinely scientific approach to meeting many human needs. The time had come for the development of counseling and other psychologically oriented programs to meet these needs. We next examine how these programs emerged in schools and institutional and agency settings in the 20th century.

THE DEVELOPMENT OF COUNSELING AND GUIDANCE IN U.S. EDUCATION

History is often made when a person has an idea that meets a need and coincides with an opportunity. In 1908, Frank Parsons organized the Boston Vocational Bureau to provide needed vocational assistance to the many young people seeking employment and to train

teachers to serve as vocational counselors. These teachers were to help select students for vocational schools and to assist students in choosing a vocation wisely and making the transition from school to suitable work. Soon thereafter, Parsons (1909) published *Choosing a Vocation*, a predecessor to this and other basic books in the field. In this publication he discussed the role of the counselor and techniques that might be employed in vocational counseling. This book is divided into three areas: personal investigation, industrial investigation, and the organization and the work.

Parsons's book is interesting reading even today, and few would find fault with what he considered to be three factors necessary for the wise choice of a vocation:

(1) a clear understanding of yourself, your aptitudes, abilities, interests, ambitions, resources, limitations, and other causes; (2) a knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work; and (3) true reasoning on the relations of these two groups of facts. (p. 5)

Parsons suggested that in initiating the personal investigation, the client should first make an extensive self-study by answering questions on a "schedule of personal data." The counselor would then fill in the details by reading between the lines. Parsons states that this approach will give clues to possible flaws, such as defective verbal memory and slow auditory reactions. Such a client would make a poor stenographer, or as he puts it, "would have difficulty in becoming an expert stenographer" (p. 7). The inventory suggested by Parsons includes such items as "How far can you walk? Habits as to smoking? Drinking? Use of drugs? Other forms of dissipation? How often do you bathe?"

An unusual feature of the intake interview was the observations Parsons suggests regarding the client's physical appearance:

While I am questioning the applicant about his probable health, education, reading, experience, et cetera, I carefully observe the shape of his head, the relative development above, before, and behind the ears, his features and expression, color, vivacity, voice, manner, pose, general air of vitality, enthusiasm, et cetera.

If the applicant's head is largely developed behind the ears, with big neck, low forehead, and small upper head, he is probably of an animal type, and if the other symptoms coincide, he should be dealt with on that basis. (p. 7)

Parsons advocates getting the client to see himself or herself exactly as others do and giving the client recommendations about methods that could be used for self-improvement—for example, reading suitable books to develop analytical power. Parsons also recommended using biographies of famous people and finding commonalities with the client in biographic details and pointing these out to the client as a form of inspiration.

Parsons insisted that counselors be thoroughly familiar with all relevant details concerning job opportunities, the distribution of demand in industries, and courses of study related to these opportunities. Counselors were to make a detailed analysis of industrial job possibilities for men and women, including location and demand, work conditions, and pay. A similar detailed examination was to be made of offerings and openings in vocational schools.

Parsons also explained the need to train vocational counselors. This training was to be accomplished in one to three terms, and the applicants were to have some relevant

occupational background and maturity. In addition to sound judgment, character, and maturity, Parsons (1909) believed the vocational counselor should have the following traits:

1. A practical working knowledge of the fundamental principles and methods of modern psychology.
2. An experience involving sufficient human contact to give him an intimate acquaintance with human nature in a considerable number of its different phases; he must understand the dominant motives, interests, and ambitions that control the lives of men, and be able to recognize the symptoms that indicate the presence or absence of important elements of character.
3. An ability to deal with young people in a sympathetic, earnest, searching, candid, helpful, and attractive way.
4. A knowledge of requirements and conditions of success, compensation, prospects, advantages, and disadvantages, etc., in the different lines of industry.
5. Information relating to courses of study and means of preparing for various callings and developing efficiency therein.
6. Scientific method analysis and principles of investigation by which laws and causes are ascertained, facts are classified, and correct conclusions drawn. The counselor must be able to recognize the essential facts and principles involved in each case, group them according to their true relations, and draw the conclusions they justify. (pp. 94–95)

Parson's pioneer efforts and publications were popular and succeeded in identifying and launching a new helping profession: guidance counseling. Today, Parsons is generally referred to as the "father of the guidance movement in American education," but he probably did not envision the growth of the movement from the several dozen counselors he trained to approximately 601,000 counseling jobs in 2004, broken down among specialties as follows: (a) educational, vocational, and school counselors, 248,000; (b) rehabilitation counselors, 131,000; (c) mental health counselors, 96,000; (d) substance abuse and behavioral disorder counselors, 76,000; (e) marriage and family therapists 24,000; all others, 25,000 (Bureau of Labor Statistics, 2004). By 1913, the fledgling guidance movement (as it was initially called) had grown sufficiently in numbers and specialization to warrant the organization of the National Vocational Guidance Association and to initiate, two years later, the publication of the first guidance journal, appropriately titled *Vocational Guidance*. The term *guidance* was the popular designation for the counseling movement in schools for well over 50 years. However, in recent generations *guidance* has been viewed sometimes as an outdated label. Additionally, the early years of the movement had a vocational orientation that was primarily concerned with those aspects of youth guidance dealing with vocational choice, preparation, and placement. (Sixty years later, many of the same characteristics would once again be reasserted in the career education and guidance movements.) Hence, in these early years, the movement was often referred to as *vocational guidance*.

According to Rockwell and Rothney (1961), other early leaders in the guidance movement in the United States were Jessie B. Davis, Anna Y. Reed, Eli W. Weaver, and David S. Hill. Their contributions should also be noted. Davis's approach was based on self-study and the study of occupations. His descriptions of counseling (Rockwell & Rothney, 1961) seem to suggest that students should be preached to about the moral value of hard work, ambition, honesty, and the development of good character as assets to any person who

planned to enter the business world. In their discussion of early pioneers of the guidance movement, Rockwell and Rothney (1961) wrote:

Davis's position within the social gospel philosophy was enhanced by his use of the "call" concept of the ministry in relation to the way one should choose a vocation. When an individual was "called," he would approach it with the noblest and highest ideals which would serve society best by uplifting humanity. (p. 351)

In the same era, Anna Reed was an admirer of the then prevailing concepts and ethics of the business world and the free enterprise system. She believed that guidance services could be important to the Seattle school system as a means of developing the best possible educational product. Contrary to today's philosophy, she placed the system's (business world) needs above those of the individual. As a result, the guidance programs she developed were designed to judge a person's worth by his or her employability (Rockwell & Rothney, 1961).

Another early leader, Eli Weaver, succeeded in establishing teacher guidance committees in every high school in New York City. These committees worked actively to help youths discover their capabilities and learn how to use those talents to secure the most appropriate employment (Rockwell & Rothney, 1961).

The fourth of these early pioneers, David S. Hill, a researcher in the New Orleans school system, used scientific methods to study people. Because his research studies pointed out the wide diversity in student populations, he advocated and worked for a diversified curriculum complemented by vocational guidance. He viewed this model as most appropriate if the individual student were to develop fully (Rockwell & Rothney, 1961).

In the first quarter of the 20th century, two other significant developments in psychology profoundly influenced the school guidance movement: (a) the introduction and development of standardized, group-administered psychological tests and (b) the mental health movement.

The French psychologist Alfred Binet and his associate Theodore Simon introduced the first general intelligence test in 1905. In 1916, a translated and revised version was introduced in the United States by Lewis M. Terman and his colleagues at Stanford University, and it enjoyed widespread popularity in schools. However, when the United States entered World War I and the armed services sought a measure that would enable screening and classifying of inductees, the first so-called group intelligence measure, the Army Alpha Test, was subsequently administered to thousands of draftees. The possibilities of applying these and other psychometric techniques to pupil assessment resulted in the rapid development and expansion of standardized testing in education in the decade immediately following World War I.

The 1920s was a lively decade in many ways. That noble experiment, Prohibition, was launched; in turn, such names as Al Capone and Baby Face Nelson appeared in the nation's newspaper headlines. Socially, jazz, flappers, and bathtub gin were in vogue. For the professional educator, the Progressive movement ensured a lively educational era as well. This movement, thought to influence the further development of a people-oriented philosophy, stressed the uniqueness and dignity of the individual pupil, emphasized the importance of a facilitating classroom environment, and suggested that learning occurred in many ways. Many of today's counselors would have embraced the Progressive education suggestions that pupils and teachers should plan together, the child's social environment should be improved, the developmental needs and purposes of the student should be considered, and the psychological environment of the classroom should be a positive, encouraging one.

Organized guidance programs began to emerge with increasing frequency in secondary schools in the 1920s and more often than not were modeled after college student personnel programs, with titular deans (separately for boys and girls, of course) and the accompanying functions of discipline, school attendance, and related administrative responsibilities. As a result, many programs of this decade began to have a remedial emphasis, as pupils who experienced academic or personal difficulties were sent to their deans for help modifying their behavior or correcting their deficiencies. Nevertheless, a counselor of the mid-1920s, if projected by a time capsule into a school counselor's meeting 85 years later, could converse easily with present-day counterparts—at least about their common concerns and involvement in vocational or career counseling, the use of standardized testing instruments, assistance to students with their educational planning, the need for a more caring school environment, and their roles as disciplinarians and quasi-administrators.

It is also probable that the elementary school counseling movement had its beginnings in the mid-1920s and early 1930s, stimulated by the writings and efforts of William Burnham, who emphasized the role of the teacher in promoting children's mental health in the elementary school. Efforts to develop guidance in elementary schools during this period were scarcely noticeable, but a few notable programs were undertaken. One of these, in Winnetka, Illinois, established a department of elementary counseling with resource personnel for guidance. These personnel included (although not all on a full-time basis) psychiatrists, psychometrists, psychologists, an educational counselor, a psychiatric social worker, and supporting clerks. Their basic responsibilities were counseling, child study, psychotherapy, pupil analysis, parental assistance, and referrals.

College campuses also began to reflect the influences affecting the guidance movement in the 1920s as student personnel workers began utilizing standardized tests for admission and placement purposes. A few institutions even began to offer vocational guidance. By the end of the 1920s, it was evident that the early guidance pioneers believed that guidance services were needed and that the school was the proper institution for the delivery of these services. Some even thought that pupil guidance should encompass all grades.

It is also important to note that the word *counseling* was rarely used during these early years as the label *guidance* was broadly applied to those activities utilized to guide students and other clients into appropriate educational choices and career decisions. The reversal in popularity of these labels is noted by Hoyt (1993) in his article "Guidance Is Not a Dirty Word." Perhaps the first delineation of counseling as a psychological process was expressed with the publication of *Workbook in Vocations* by Proctor, Benefield, and Wrenn in 1931 (cited in Lewis, Hayes, & Lewis, 1986).

While the American public debated the policies of FDR and the threat of Hitler to world peace, the guidance movement of the 1930s continued to develop, becoming increasingly popular as a topic for discussions and debate in educational circles. Questions and criticisms concerning guidance activities were increasingly noted in the professional literature of the era. Educational associations appointed committees to study the movement, and many issued reports with descriptions and definitions of guidance and guidance services. The New York State Teachers Association published a report in 1935 in which guidance was defined as "the process of assisting individuals in making life adjustment. It is needed in the home, school, community, and in all other phases of the individual's environment" (New York State Teachers Association, p. 10).

As in the 1960s, when concern was often expressed about the interchangeability of the words *guidance* and *counseling*, in the 1930s a similar concern was expressed over the interchangeability of the terms *student personnel* and *guidance*. Adding to the confusion, leading spokespeople for the movement during that period, such as John Brewer (1932), used the terms *education* and *guidance* synonymously.

Sarah M. Sturtevant (1937) sought to deal with some of these growing concerns by addressing questions regarding the developing secondary school guidance movement: What do we mean by the guidance movement? What are the essentials of a functioning guidance program? What personnel and what qualifications should guidance workers have for a good guidance program? And the inevitable question, What are the costs of individualizing education? These questions would not be outdated more than 65 years later.

During the late 1930s and early 1940s, the trait-factor approach to counseling became increasingly popular. This often-labeled directive theory received stimulus from the writings of E. G. Williamson (1939) and others. Whereas critics of his measurement-oriented approach claimed it was rigid and dehumanizing, Williamson stressed its worth: "You are trying to improve your understanding by using data with a smaller probable error of estimate, such as test data—instead of judgments, which have a much larger probable error of estimate: variability" (Ewing, 1975, p. 84).

Also during the 1930s, possible directions for guidance in the elementary school were put forth by the child study movement, which took the position that it was the teacher's role to provide guidance for each pupil in the self-contained classroom. Publications by Zirbes (1949) and others described the ways in which the learning experiences of children could be guided. The intensive study of each child was recommended, with the objective of understanding how children achieved or failed to achieve certain developmental tasks. This popular approach found some following at the secondary school level and ultimately led to the suggestion of "every teacher a guidance worker."

As the United States emerged from World War II, the counseling and guidance movement appeared to be taking on new vitality and direction. A significant contributor to this new direction, with an impact on counseling in both school and nonschool settings, was Carl R. Rogers (1902–1987). Rogers set forth a new counseling theory in two significant books, *Counseling and Psychotherapy* (1942) and a refinement of his early position, *Client-Centered Therapy* (1951). In *Counseling and Psychotherapy*, Rogers offers nondirective counseling as an alternative to the older, more traditional methods. He also stresses the client's responsibility in perceiving his or her problem and enhancing the self. This self theory soon was labeled *nondirective* because it appeared to be the opposite of the traditional counselor-centered approach for dealing with client problems.

Rogers's suggestion that the client rather than the therapist assume the major responsibility for solving the client's problem provoked the first serious theoretical controversies in the school guidance and counseling movement. Rogers's follow-up publication, *Client-Centered Therapy*, was the result of this continued research and application effort. The book promotes the semantic change from nondirective to client-centered counseling but, more importantly, places increased emphasis on the growth-producing possibilities of the client.

Perhaps more than any other person, Rogers influenced the way in which American counselors interact with clients. Furthermore, his view of the client as an equal and his positive view of a person's potential seem more consistent with the American way of life and democratic traditions than do the European-based theories. The tremendous influence of

Rogers resulted in an emphasis on counseling as the primary and most significant activity in which counselors would engage. He further provided a theory that is easy to understand and optimistic in its orientation.

Over the years Rogers continued to research, test, revise, and challenge others to test his theory. In summary, Carl Rogers's impact and contributions to the counseling movement in this century might be considered analogous to Henry Ford's contribution to the development of the automotive industry.

Another dimension to the techniques of counselors of the late 1940s, and one to which Rogers, again, was a significant contributor, was group counseling. Others, utilizing research data gathered by the armed services and their investigations into small-group dynamics, developed a theoretical framework within which school counselors could integrate the skills and processes of individual counseling with the dynamic roles and interactions of the individual in a group setting.

Other opportunities also appeared for the counseling and guidance movement. Feingold (1947), writing in *School Review*, called for a new approach to guidance. He indicated that guidance counselors cannot stop with mere educational direction—they must go beyond that goal, must provide guidance “not only for the anointed, but for those pupils who really need it—the pupils who run afoul of rules and regulations” (p. 550). Feingold and others also called for “guidance of the whole child,” an outgrowth of the child study movement of the 1930s. Three years later, Traxler (1950), writing in the same publication, identified emerging trends in guidance:

- More adequate training of guidance personnel
- Guidance as an all-faculty function
- Closer cooperation with home and community agencies
- Orderly accumulation and recording of individual information
- Use of objective measures
- Differential prediction of success on the basis of test batteries that yield comparable scores in broad areas
- Increased interest in improved techniques in the appraisal of personal qualities of pupils and the treatment of maladjustment
- Trend toward “eclectic” guidance (rather than directive/nondirective)
- Recognition of the relationship between remedial work and guidance
- Improved case study techniques
- Availability and better use of occupational–educational information (pp. 14–23)

In 1957, the Soviet Union made headlines around the world by successfully launching the first earth satellite, *Sputnik I*. An indirect but nevertheless significant result of this accomplishment was the liftoff of the counseling and guidance movement in the United States. This boost came about through legislation resulting from the public's criticism of education and its failure to supply trained personnel for careers deemed vital for national well-being. This legislation, the National Defense Education Act, passed in September 1958 and became a most important landmark in American education, as well as the guidance movement, for its acknowledgment of the vital link among our national well-being, personnel needs, and education.

This act provided special benefits for youth guidance in 5 of its 10 titles or sections. Of these, perhaps Title V was the key to the upsurge in counseling and guidance program development. This act provided for (a) grants to states for stimulating the establishment and

maintenance of local guidance programs and (b) grants to institutions of higher education for the training of guidance personnel to staff local programs.

Six years later (September 1964) the impact of the act could be detected in announcements from the U.S. Department of Health, Education, and Welfare, which pointed out that the act had, in a short period of time, made approximately \$30 million in grants to states; increased the number of high school counselors from 12,000 in 1958 to 30,000 in 1964; supported 480 institutes for secondary school counselors and teachers preparing to become counselors; assisted over 600,000 college students to continue their education with federal loans; trained 42,000 skilled technicians to meet manpower needs; and granted 8,500 graduate fellowships to train college teachers.

Stimulated by this rapid growth in counseling and guidance, standards for the certification and performance of school counselors were developed and upgraded; the criteria used by accrediting associations for school guidance program evaluation were strengthened, and noticeable progress was made in counselor training. Many writers in the field noted that guidance had come of age, that a new era had begun.

For example, Donovan (1959) wrote about a new era for guidance in which he pointed out that “the test expert and professional counselor enter the picture to give scientific aid in getting each child in touch with those teachers and courses best calculated to free his abilities” (p. 241). He and others further discussed the movement from an era of mass education to one in which each child was treated as an individual with “counseling personnel becoming indispensable auxiliaries to administrators and teachers” (p. 241).

The following year, Klopff (1960) called for an expanding role for the high school counselor. He pointed out that “as populations increase, schools will become larger and taxes become greater in most communities. Instructional services will increase in communities, but guidance programs may not increase accordingly” (p. 418). He suggested that new uses and approaches to homeroom group guidance, small discussion groups, and group counseling needed to be explored.

In the 1960s one of the most important developments for the school counseling and guidance movement was the *Statement of Policy for Secondary School Counselors* (American School Counselor Association, 1964), which was developed and approved as an official policy statement by the American School Counselor Association (ASCA). This effort to specify the role and function of the school counselor involved more than 6,000 school counselors plus teachers, school administrators, and other educators.

C. Gilbert Wrenn’s classic contribution of the 1960s, *The Counselor in a Changing World*, also examined the counselor’s role in a society with changing ideas about human behavior and changing schools. Wrenn (1962) noted the growing complexity of the counselor’s task:

It is not enough for the counselor to understand youth in isolation, as it were. More than ever before, the counselor must understand not only the student, but himself and his adult contemporaries as they attempt to adjust to a rapidly changing technology and the world order. (p. 8)

C. Harold McCully, (U.S. Office of Education Guidance and Counselor Training Institutes Program) (1965) implied that if school counselors were to move toward bona fide professionalization, “they cannot afford to define their function on the basis of a retrospective analysis of what counselors have done in the past as technicians” (p. 405). He forecast needed new directions in which the counselor functioned as a consultant and agent for change, directions that would require substantive study of the dynamics of cultural and social change.

In 1973, the Report of the National Commission on the Reform of Secondary Education published its report, with 32 recommendations for the improvement of secondary education. The majority of these held implications for the functioning of the secondary school counselor, including recommendations focusing on career education and placement.

During the mid-1970s and early 1980s, a number of developments influenced counselors in schools and frequently in other settings as well. As noted in more detail in Chapter 11, the accountability movement of this period influenced many school counseling programs to develop more relevant data-based programs usually based on objective needs assessments. A major publication of this period, *Guidance and Counseling in the Schools* (Herr, 1979), was the outgrowth of a national survey directed by Dr. Edwin L. Herr and jointly sponsored by the American Personnel and Guidance Association and the Counseling and Guidance Office of the U.S. Department of Education. (Note: The American Personnel and Guidance Association officially changed its name to the American Association for Counseling and Development—AACD—in 1983. In 1992, the AACD changed its name to the American Counseling Association—ACA.)

Although state certification laws have in recent generations governed the credentialing of counselors in schools in all states, school counselors also became increasingly interested in the movement to license counselors for practice outside school settings. By 2006, 48 states plus the District of Columbia had passed legislation to license counselors. California and Nevada are the two states that have not passed counselor licensure legislation.

CACREP (the Council for Accreditation of Counseling and Related Educational Programs), the accrediting arm of the American Counseling Association (ACA), was incorporated in 1981. This independent council was created by ACA and its divisions to develop, implement, and maintain standards of preparation for the counseling profession's graduate-level degree programs. Its purpose is to work with institutions that offer graduate-level programs in counseling and related educational fields so that they might achieve accreditation status. Eight common core curricular areas are required for accreditation:

- Professional Identity
- Social and Cultural Diversity
- Human Growth and Development
- Career Development
- Helping Relationships
- Group Work
- Assessment
- Research and Program Evaluation (Council for Accreditation of Counseling and Related Educational Programs, 2001)

Counselors should be aware that CACREP is in the process of revising these standards. The new standards will be published by 2008.

The National Board for Certified Counselors, Inc. (NBCC) was established in 1982 to establish and monitor a national certification system, to identify for professionals and the public those counselors who have voluntarily sought and obtained certification, and to maintain a register of such counselors. This process grants recognition to counselors who have met predetermined NBCC standards in their training, experience, and performance on the National Counselor Examination for Licensure and Certification (NCE). In recent years, NBCC has established the Center for Credentialing and Education; has launched Web Resources for Counseling Students; has established an insurance center; and now provides a

national credentials registry for counselors. NBCC has also created NBCC-International, a division of the National Board for Certified Counselors, Inc. and Affiliates.

More than 40 states, the District of Columbia, and Guam use NBCC examinations to credential counselors on a state level. Initially created by the ACA, NBCC is now an independent credentialing body with close ties to ACA. While ACA concentrates on professional development, including publications, workshops, and government relations in the counseling field, NBCC focuses on promoting quality counseling through certification.

Since October 1985, NBCC has been accredited by the National Commission for Certifying Agencies (NCCA). NCCA is an independent national regulatory organization that monitors the credentialing processes of its member agencies. Accreditation by the commission represents the foremost organizational recognition in national certification (Hollis with Dodson, 2000, p. 32). By the year 2006, 40,017 counselors were nationally certified (National Board for Certified Counselors, 2006).

In 1983, the presidentially appointed National Commission on Excellence in Education issued its report, entitled *A Nation at Risk* (Bell, 1983). This report cited as its primary evidence the decline in standardized achievement test results and recommended longer school days, more effective school discipline, a return to basics, and more. Although the report contained no specific references to school counseling programs, many inferences for such programs could be drawn.

During the 1980s and 1990s a number of social concerns affecting children stimulated an accelerated growth of elementary school counseling. Issues such as substance abuse, child abuse, sexual abuse, and latchkey children, plus increased interest in and attention to prevention, led to mandated elementary school counseling in 23 states by 2006 (Lum, personal communication, 2006).

During the 1990s dramatic changes in the world of work significantly affected school counseling programs and their career guidance services. Among the significant changes were the shift from a goods and services economy to an information-based economy; the movement toward international marketing and a global, rather than a national, workforce; multiple careers for the individual across the working life span, rather than a single, life-long occupation; and dual-career couples being the norm, rather than the exception. These are just a few of the changes totally reshaping the world of work and workers.

In 1986 a significant report, *Keeping the Options Open*, was published by the College Entrance Examination Board. This report focused entirely on school counseling and guidance programs with an important emphasis on their role in providing career assistance. In the late 1980s and early 1990s, counseling, especially career counseling, was extended in various new directions. This included outreach services for the poor and homeless, outplacement services for middle-aged workers and senior executives, prevention and early intervention programs for alcohol and other substance abusers, and emerging concerns with retirees, stress management, and sports and leisure counseling. A dramatic increase in interest in multicultural counseling was also seen in the 1990s.

Another direct influence on school counseling programs was the School-to-Work Opportunities Act of 1994. This legislation provides the framework for creating school-to-work opportunity systems in all states, with career counseling and guidance being a high-priority activity.

The computer and its accompanying technology have also had a tremendous impact on educational institutions at all levels, beginning in the 1990s. Individuals could suddenly access information and communicate instantly with people almost anywhere in the world via

electronic mail, the Internet, or cellular phones. For example, school counseling programs utilize computers and Web sites especially for career guidance purposes, to access information about job sites and opportunities as well as educational opportunities and requirements. Additionally, counselors also use a wide variety of Internet resources.

THE DEVELOPMENT OF INSTITUTIONAL AND AGENCY COUNSELING PROGRAMS

The mental health movement, like the vocational guidance movement, owed much of its impetus in the early 1900s to the efforts of one person: Clifford Beers, who was neither a physician nor a psychologist but for several years a patient suffering from schizophrenia in a mental institution. During his confinement Beers (1908, 1953) wrote:

I soon observed that the only patients who were not likely to be subjected to abuse were the ones least in need of care and treatment. The violent, noisy, and troublesome patient was abused because he was violent, noisy, and troublesome. The patient too weak, physically or mentally, to attend to his own wants was frequently abused because of that very helplessness which made it necessary for the attendants to wait upon him. Usually a restless or troublesome patient placed in the violent ward was assaulted the very first day. This procedure seemed to be a part of the established code of dishonor. The attendants imagined that the best way to gain control of a patient was to cow him from the first. In fact, these fellows—nearly all of them ignorant and untrained—seemed to believe that violent cases could not be handled in any other way. (pp. 164–165)

In another statement, Beers (1908, 1953) wrote:

Most sane people think that no insane person can reason logically. But that is not so. Upon unreasonable premises I made most reasonable deductions, and at that time when my mind was in its most disturbed condition. Had the newspapers which I read on that day which I supposed to be February 1st borne a January date, I might not then, for so long a time, have believed in special editions. Probably I should have inferred that the regular editions had been held back. But the newspapers I had were dated about two weeks ahead. Now if a sane person on February 1st receives a newspaper dated February 14, he will be fully justified in thinking something wrong, either with the publication or with himself. But the shifted calendar which had planted itself in my mind meant as much to me as the true calendar does to any sane businessman. During the seven hundred and ninety-eight days of depression I drew countless incorrect deductions, and essentially the mental process was not other than that which takes place in a well-ordered mind. (pp. 57–58)

These and similar descriptions aroused the public to initiate humanitarian reforms and scientific inquiry into the problems of mental illnesses and their treatment. With the help of a few psychologists of the time, such as William James and Adolph Meyer, the mental hygiene movement was launched to educate the general public to a better appreciation of the plight and treatment of disturbed persons.

At the same time the viewpoint was reemerging that persons are products of both environment and heredity. As a result, a new type of institution for dealing locally with mental illness was gaining support. This institution was to become the forerunner of our present-day community mental health center. It was called a *psychopathic hospital*. These hospitals

were located in communities and were designed to provide outpatient treatment, rather than custodial care.

Although many believed these hospitals were based on controversial ideas, they did result in community efforts to raise standards of treatment and prevention of mental disorders and to establish local clinics for disturbed children. As the public became increasingly aware of the extent and impact of mental illness, the possibility of prevention, or early treatment, was increasingly examined.

World War I not only stimulated the development and postwar usage of standardized group psychological tests. It also resulted in two acts significant to the development of one of the early specializations in counseling: rehabilitation counseling. The first of these, the Civilian Vocational Rehabilitation Act (Public Law 236, 1920), was followed in 1921 by Public Law 47. The latter created the Veteran's Bureau and provided, among other benefits, a continuation of vocational rehabilitation services for veterans, including counseling and guidance.

The term *rehabilitation counselor*, however, did not appear in professional literature until the late 1930s. Since then, rehabilitation counseling has generally come to be recognized as basically psychological counseling that specializes in the rehabilitation of persons with physical as well as social and emotional problems. In the history of its development, the practice of rehabilitation counseling seems to have gone through several models, as described by Jacques (1969):

1. Vocational agent, trainer, or worker model
2. Vocational counselor or coordinator of services model
3. Psychotherapeutic model
4. Community-centered team counselor model (p. 17)

The quarter century from 1904 to 1929 was a period of rapid growth in solid scientific research in many different areas. This included the development of a scientific basis for many areas of standardized testing, human development and learning, and psychology.

One of the prominent theorists of this period was another Austrian, Alfred Adler, a one-time disciple of Freud, who migrated to the United States in 1932 to avoid the Nazi rise to power in his country. His lectures and writings formed the basis for Adlerian counseling. Adler was one of the pioneers of family counseling, and his theories have also influenced the counseling of children.

During the first half of the 20th century, the community mental health movement reflected a good deal of diversity and encompassed both ideological and practical features. Jeger and Slotnick (1982) note:

As a philosophy, it has its roots in the fields of social psychiatry and public health, which recognized the iatrogenic effects of institutionalization, redefined "mental illness" as a social problem, advocated alternatives to hospitalization and called for community change for purposes of preventing mental health problems. As a methodology, community mental health refers to specific programs that sought to translate this ideology into practice. (p. 15)

After World War II a series of federal legislative acts defined the mandates of agencies and in so doing provided operational definitions of community mental health practices. The federal government's first major entrance into the public mental health arena began with the passage of the National Mental Health Act of 1946, which established the National Institute of Mental Health, thus announcing the federal government's interest and involvement in public mental

health. The National Mental Health Act also encouraged each state to designate a single agency as the state mental health authority and initiated a state grant-in-aid program to assist these authorities in the improvement of community mental health services.

The Veterans Administration (VA) established centers in 1944 for providing counseling to recipients of benefits under the GI Bill. The GI Bill provided education and training for veterans. As a result, many counselors received their training in VA-supported counseling services on college campuses. In 1951, the VA established the position of counseling psychologist. During and immediately after World War II, counselors also found increasing opportunities in the VA vocational rehabilitation and educational services as these were rapidly expanded to accommodate the needs of U.S. armed services personnel and ex-service personnel.

Counseling, as a recognized speciality in the field of psychology, also emerged during this time. In 1946 Division 17 (Counseling Psychology) of the American Psychological Association was created with Dr. E. G. Williamson as the first president. The speciality gained further recognition and acceptance in 1951 following a conference at Northwestern University called by Dr. C. Gilbert Wrenn. Another prominent contributor to the movement was Dr. Carl R. Rogers, whose writings (noted previously in this chapter) promoted psychological and public interest in psychotherapy.

Also in the 1950s, another specialty began to emerge: marriage and family counseling. Although historically this movement appeared to have been initiated in the early 1930s, the dramatic post–World War II increase in the separation and divorce rate of young couples led to rapid developments in marital therapy. In the 1960s, dramatic increases in new styles of coupling, marriage, and living together further stimulated interest in providing professional counseling assistance to couples and families. During this period marital therapy moved increasingly from individual analysis to conjoint marital therapy (Brown & Christensen, 1986).

This period after World War II also saw a rapid expansion of community mental health services. In 1955 Congress passed a Mental Health Study Act, which established a joint commission on mental illness and health. This study resulted in a 1961 report entitled *Action for Mental Health*, which led in 1963 to the Community Mental Health Centers Act (Public Law 88-164). Two thousand centers were expected to provide five essential mental health services:

1. Inpatient (for short-term stays)
2. Outpatient
3. Partial hospitalization (e.g., day and/or night hospitals)
4. Emergency care (e.g., 24-hour crisis services)
5. Consultation (e.g., indirect service) and community education (i.e., prevention)

For a center to be considered “comprehensive,” five additional services were required: (a) diagnostic, (b) rehabilitation, (c) precare and aftercare, (d) training, and (e) research and evaluation (Jeger & Slotnick, 1982).

The first decline in the number of patients in state mental institutions was recorded in 1955. This decline was to continue steadily over the next 20 years despite increases in the number of admissions. This trend had obvious implications for the growth of local mental health services.

The trauma of the Vietnam War and the postwar era for many veterans and their families created another population in need of mental health counseling. Also during the 1960s and 1970s, increased substance abuse and public awareness of the extent and seriousness

of the problem at all age levels led to research, the development of training programs, and the growth of another area of specialization for counselors. Additionally, attention to preparing specialists for correctional counseling and counseling for the elderly reflected a concern for the needs of these populations as well.

The Community Mental Health Centers Amendments of 1975 (Public Law 94-63) redefined the notion of a comprehensive community mental health center by mandating a set of 12 services:

1. Inpatient (for short-term stays)
2. Outpatient
3. Partial hospitalization (e.g., day and/or night hospitals)
4. Emergency care (e.g., 24-hour crisis services)
5. Consultation (e.g., indirect service) and community education (i.e., prevention)
6. Special services for children
7. Special services for the elderly
8. Preinstitutional screening and alternative treatment (as pertains to the courts and other public agencies)
9. Follow-up for persons discharged from state mental hospitals
10. Transitional living for persons discharged from state mental hospitals
11. Alcoholism services (prevention, treatment, and rehabilitation)
12. Drug abuse services

In addition, the 1975 amendments also obligated centers to allocate 2% of their operating budgets for program evaluation.

The mandated delivery of these 12 services was further modified in the Community Mental Health Extension Act of 1978 (Public Law 95-622). Specifically, new centers were required to provide six services (inpatient, outpatient, emergency, screening, follow-up of discharged inpatients, and consultation/education) and were allowed to phase in gradually the remaining six over their initial three years of operation (i.e., partial hospitalization, children's services, elderly services, transitional halfway houses, alcohol abuse services, and drug abuse services).

In considering all the services mandated by legislation since the 1970s, we can chart the progress and intent of the community mental health movement. The 10 characteristics delineated by Bloom (1984) as differentiating community mental health from "traditional" clinical practice help to identify both the ideological and operational aspects of the movement:

- First, as opposed to institutional (i.e., mental hospital) practice, the *community* provides the practice setting.
- Second, rather than an individual patient, a *total population* or community is the target; hence the term *catchment area* to define a given center's area of responsibility.
- A third feature concerns the type of service delivered, that is, offering *preventive services* rather than just treatment.
- *Continuity of care* among the components of a comprehensive system of services constitutes the fourth dimension.
- The emphasis on *indirect services*, that is, consultation is the fifth characteristic.
- A sixth characteristic lies in the area of *clinical innovations*—brief psychotherapy and crisis intervention.

- The emphasis on *systematic planning* for services by considering the demographics of a population, specifying unmet needs, and identifying “high-risk” groups represents a seventh characteristic.
- Utilizing new *person-power resources*, especially nonprofessional mental health workers, constitutes the eighth dimension.
- The ninth dimension is defined in terms of the *community control* concept, which holds that consumers should play central roles in establishing service priorities and evaluating programs.
- Finally, the tenth characteristic identifies community mental health as seeking *environmental causes* of human distress, in contrast to the traditional intrapsychic emphasis. (Jeger & Slotnick, 1982, pp. 18–19)

“Although a majority of community mental health workers might agree that these characteristics reflect the orientation of community mental health, there is much less agreement on the emphasis of these concepts in practice” (Bloom, 1984, p. 38).

In the 1970s, significant federal legislation in the form of the Mental Health Systems Act passed Congress and was signed into law by President Jimmy Carter. In addition to continuing many of the provisions of the original act, other provisions broadened the scope of care for disturbed children and adolescents. President Ronald Reagan’s election in 1980, however, led to new economic policies at the federal level, which included repealing the budgetary authorizations of this act. As a result, in the 1980s states and local communities were increasingly called on to assume the financing of mental health care facilities and programs.

In spite of such setbacks, the counseling profession can mark several important milestones. As previously noted, the counselor licensure movement was initiated in Virginia in 1976. The formation of CACREP as an accrediting body for counselor training programs and the establishment of the NBCC with its process for voluntary national counselor certification have been major accomplishments in the professionalization of counseling. To date, 48 states plus the District of Columbia have passed licensure laws protecting the practice of professional mental health counselors.

In the late 1980s and early 1990s, counseling, especially career counseling, was extended in various new directions. This included outreach services for the poor and homeless, outplacement services for middle-aged workers and senior executives, prevention and early intervention programs for alcohol and drug abusers, and emerging concerns with retirees, stress management, and sports and leisure counseling. The 1990s also showed a dramatic increase in interest in multicultural counseling.

In 1996 the U.S. Congress passed the Mental Health Insurance Parity Act (effective January 1, 1998), which has been very significant to mental health professionals. This act has prevented health plans from placing unequal caps on dollar amounts covering mental health services if these same caps are not placed on the coverage for other medical services. This legislation was a major step toward parity of insurance coverage for the provision of mental health services by mental health counselors. In 1998, another significant act of Congress was the Health Professions Education Partnership Act, which recognizes professional counselors who are trained in various mental health professional training programs, including counseling students in counselor education programs. More specifically, these education programs may be eligible for the various programs operated by the federal Health Resources and Services Administration and the federal Center for Mental Health Services.

In recent decades, a number of significant influences impacted the counseling profession, including these:

1. The licensure movement resulted in 48 states, as of 2006, mandating counselor licensure. California and Nevada are the two exceptions.
2. As of 2006, there were 40,017 nationally certified counselors (NCC).
3. The professional association (ACA) decentralized from one central association headquarters to separately functioning associations representing schools, careers, mental health counselors, etc.
4. The counseling specialties expanded into nonacademic settings (i.e., business and industry, poverty and prisons, family therapy, armed services, etc.).
5. The technological revolution and the development of Web sites, the Internet, and computerized assessment appropriate for utilization by professional counselors.
6. The impact of economic globalization on the U.S. workforce and career guidance and counseling.
7. The international growth of the counseling movement, including the worldwide development of counselor training programs.
8. The proliferation of distance learning institutions of higher education, most with minimal campus facilities, offering “stay-at-home” instruction leading to degrees in many fields, including counseling.

At the end of the 20th century, the counseling profession was being impacted by both technology and globalization. Today, the union of the computer with communications technology is resulting in major social transformations that are reshaping our society and our economy. Erbium-doped optical fibers are revolutionizing the way signals are regenerated and then transmitted. New video screens can be hung on a wall and will soon be popularly worn on the wrist. All in all, computer networks will greatly affect the structure of all organizations and how work is conducted, how workers carry out their tasks, and how management functions. The advantages of worldwide access to a broad range of useful information will result in our seeing many clients react positively to new technology. Further, new technology is speeding up and increasing the accuracy of such activities as individual assessments, career searches, obtaining scholarship and college entrance information, and conducting job searches. We can view cyberspace as a new, electronic frontier, where the law is not yet written in stone.

As we reflect on the amazing technological advances of the recent century and their impacts on daily living, we can look forward with anticipation and, we suppose, a certain amount of trepidation to the technological advances that will impact us all in this millennium. No doubt, we are only on the threshold of discovering the full possibilities of computers, the Internet and Web sites, teleconferencing, distance learning, simulation games, and electronic marketing. At the same time, we are also becoming increasingly aware of the depersonalization that much of this technology has brought. We have all made telephone inquiries to be shunted aside to a series of prerecorded menus, as well as personal phone calls during which we are asked by a recorded message to leave a recorded message. Many of us have learned to make purchases online for which, after a certain number of keystrokes, we will be sent a product billed to a credit card and will never speak to a human being during the transaction. Many will argue, and rightfully so, that these advances have speeded up the process of communication, but we also note that this is not so for personal voice-to-voice or face-to-face communications, which is our concern as counselors who believe in

the benefits of interpersonal relationships. In fact, some in our profession view this trend toward impersonalization as a threat to the profession and its activities. In support, they cite instances of Web site and computerized counseling programs in which the individual seeking assistance never leaves home and, in fact, may never have a face-to-face discussion with a counselor. Other potential pitfalls that the new technology may present to us and our clients include (a) expense, (b) the effect on client motivation, and (c) the potential for client misinterpretation if the counselor's role is diminished.

However, despite the doubts and disadvantages, online counseling is becoming more prevalent. Mallen and Vogel (2005) pointed out that

online counseling is no longer something that will take shape in the future. Right now, it is possible for a person to access the Internet, find a professional counselor, and have a session. There are already Web sites devoted to consortiums of counselors (e.g., <http://www.helphorizons.com>, <http://www.netcounselors.com>) and hundreds of sites created by private practitioners to advertise their services. More than a hundred million people per month use the Internet to search for health information (Harris Interactive, 2002), and companies are capitalizing on this by charging fees for mental and behavioral health services. (p. 761)

Obviously, a concern of the counseling profession is the possibility for intrusion by untrained individuals whose only qualification is that they own a computer. Concern must also be evidenced for individuals with severe mental disorders who may opt for computerized treatment rather than face-to-face interaction with a counselor.

At this time, we recognize that the information superhighway provides counselors with a potent marketing tool. Counselors will be able to display online not only their qualifications but also their specialized expertise and other relevant criteria for the perusal of potential clients. Counselors utilizing this media should, of course, indicate whether they counsel clients utilizing the new media technology or whether their practices are limited to the traditional face-to-face interaction in a counseling facility.

Thus, in the counseling profession, we must be prepared to take advantage of the new technology and to use it to advance our profession and to better serve our clients. While some undesirables currently exist among our new technological advancements, the advantages and promises far outweigh them.

Another dramatic change currently underway in the 21st century that will impact counselors significantly, especially in the area of career counseling and development, is economic globalization. This phenomena encompasses the greatly increased international integration of products and markets and the free flow of capital. The United States has witnessed the movement from local markets to national markets to global markets. In this process large international corporations have been seeking and developing new marketing opportunities, cheaper sources of raw materials, and new technologies. These developments have resulted in a global workforce that has impacted workers in the United States and will continue to do so. Among the consequences of this movement toward globalization are a supply of cheap labor in other countries that tempts American industries to move away from stateside locations and a movement to natural resources found in other countries. It is also important to note that significant increases in global competition have forced U.S. corporations to cut costs of their products, which often has resulted in job losses and wage cuts in the United States.

Although the United States can look back on many accomplishments of the 20th century and anticipate further triumphs in the 21st century, the nation still faces significant societal

problems that affect millions of its citizens. These problems include the ever-increasing AIDS epidemic; the continuing addictions of millions to drugs and alcohol; the alarming numbers of abused children and spouses; unwanted pregnancies, suicides, and criminal activities among the teenage population; the persistent school dropout problem; the disgraceful number of homeless; the reappearance of various forms of prejudice; a bankruptcy of values in all areas, ranging from the political to the private sector; and a myriad of career needs affecting all age groups and socioeconomic levels. The United States could still be labeled a nation on the verge of being psychologically and sociologically at risk.

Further, in examining these problems we note that many of these issues require not only remedial treatment but also preventive efforts if they are to be ameliorated to any degree. Treatment or punitive actions alone cannot solve societal problems. Only prevention has the prospect for diminishing the number of potential victims of nearly all these social ills. In this context, then, we can conclude that most of these problems reside within the realm of counselors who, with their access to and work with many different populations, are uniquely positioned to emphasize prevention as well as early intervention and treatment.

Thus, in the first decade of the 21st century, we see the opportunity for counseling to become *the* helping profession, responding to society's needs in the coming years. The chapters that follow will acquaint you with the skills and knowledge counselors must acquire to serve society's vocational and mental health needs and the settings in which counselors will function to provide their services in meeting these great challenges in the years ahead.

SUMMARY

We have examined the need of humankind, from the time of Adam and Eve to now, for advice and counsel, to understand themselves and their relationships to their fellow human beings, and to recognize and develop their own potential. In responding to these needs, the chieftains and elders of ancient tribal societies were perhaps the forerunners, the ancient counterparts, of the present-day counselor. In the early civilizations, the philosophers, priests, or other representatives of the gods were seen in roles offering advice and counseling. Often treatment for the mentally ill was cruel, even when administered by physicians. The role of religion in counseling and advising the young in particular, but not exclusively, continued through the Middle Ages, supplemented by sporadic efforts aimed at talent identification and development and even planned career placement. From the Middle Ages onward, teachers also were increasingly expected to provide guidance for their pupils, often of the most directive kind. To supplement these efforts, beginning in the 18th century and with increasing frequency, books began to appear that focused on providing advice and counsel to youth in

meeting many of the problems of the times, especially those concerning occupational choice. Meanwhile, many leading statesmen, philosophers, scientists, and educators were laying a philosophical groundwork that would eventually support and nurture an embryonic movement to establish psychology as a science and academic discipline in its own right, with an impact on school and community settings.

The school counseling and guidance movement, which for many years was unique to U.S. education, in its beginning, had a vocational guidance emphasis but was shortly to be influenced by a multitude of other movements, especially psychological testing, mental health, and progressive education. Later in the 20th century, the interdisciplinary character of the movement was further emphasized through influences from such movements as group dynamics, counseling psychology, education of the gifted, career education, and placement.

The public or community aspects of the mental health movement initially focused on home confinement and little treatment. An early significant development in the United States in the 19th century was state support for the establishment of state mental hospitals. However, at the turn of the century (1908), the mental health movement

was stirred by the writings of Clifford Beers, and local mental health treatment centers began to emerge. These community aftercare services were the forerunners of present-day community mental health centers.

Three significant legislative acts that further stimulated the counseling movement were the **Civilian Vocational Rehabilitation Act (1920)**, the **Mental Health Study Act (1955)**, and the **Community Mental Health Center Act (1963)**. Later in the 20th century, public need led to the development of specializations in marriage and family, substance abuse, corrections, and gerontological counseling.

Over time the movement has not been without its pioneers and heroes. Of course, the great humanistic teachers—Christ, Mohammed, Buddha—and farsighted leaders such as Plato, Aristotle, Pestalozzi, Rousseau, and Charlemagne would have been charter members, and undoubtedly elected officers, of any counseling association of their time. In the United States, one can easily envision Franklin, Jefferson, Lincoln, and the Roosevelts receiving honorary life memberships in the American Counseling Association for their contributions to the eventual growth of the movement. Over time the movement has had its pioneers and heroes—persons such as **Parsons, Beers, Davis, Reed, Weaver, and Hill**—those early persistent and visionary pioneers whose efforts were later recognized and advanced and then further enriched by the giants of the last half of the 20th century: Rogers, Williamson, Wrenn, Ellis, and Super.

It is said that a movement must have a cause and leadership to survive. This brief review of some historic highlights of the development of counseling and guidance in the United States should indicate that neither has been lacking. As the past illuminates the future, it is possible to predict that regardless of the wonderful scientific and technological advances that await humankind, many persons will search out the counsel and advice of the trained, while others will still seek self- and other understandings for the development of their potential or the solution of their problems. Also, as we look at the current major social concerns in society, we see unprecedented opportunities for the counseling profession to serve society. In the next chapter we examine some of the activities of the trained professional counselor. Throughout the ensuing chapters readers may note the impact of technology on the various activities in which counselors engage.

DISCUSSION QUESTIONS

1. Discuss factors and events that influenced your decision to enter or consider entering the counseling profession.
2. What are the priority human needs in today's society to which counseling programs should react?
3. National and state legislative acts have had significant impact on the counseling profession. In view of current national social problems, what current legislation might you suggest that would affect the field of counseling and enable it to make a more significant contribution to the national well-being of the United States?
4. Discuss differences and similarities in regard to the historic development of counseling in schools versus counseling in agency and institutional settings.
5. Discuss Parsons's three necessary factors that aid in the wise choice of a vocation, as stated in Chapter 1. Why did he deem these factors necessary? Would you adjust these three factors in any way? Please explain.
6. Discuss how technology has changed your life in recent years.

CLASS ACTIVITIES

1. Have students create an intake interview (i.e., an updated version of Parsons's interview).
2. Go to the library or Internet and find the earliest article you can on the subject of counseling or guidance. Report your article, its date, author, publication, and content to the class.
3. Divide into groups to interview pupils, teachers, parents, and community leaders to determine their opinions of school counseling programs and to develop an interview guide.
4. As a class, select and write down any historic leader's name; then allow 15 minutes to compile a one-page description of how the leader would have benefitted from counseling at some particular point in his or her career. Choose a few students to read their descriptions in class.
5. Review current newspapers and popular publications for reports or articles that would imply a

- useful role that the counseling profession can play in responding to human needs in today's society.
6. Go to the library or Internet and examine the major journals in the field of guidance and counseling today. Select three journals and examine current issues; then compare those issues with the ones discussed 20 and 30 years ago. What changes do you see in the contents?
 7. Read an "advice" column in a newspaper (e.g., Dear Abby) or magazine. Review your horoscope in a newspaper or magazine column. Share and discuss your reactions in small groups.

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2

What Do Counselors Do?

In studying any profession, you may ask, What is the profession of . . . (e.g., counseling)? What do they (e.g., counselors) do? The objective of this chapter is to respond to those questions. We begin by examining counseling as a helping profession and then identify the activities professional counselors do to meet their responsibilities.

COUNSELING AS A HELPING PROFESSION

Counseling as a helping profession is the concept that underlies the role and function of the counselor in today's society. A helping profession is one in which the members are specially trained and licensed or certified to perform a unique and needed service for fellow human beings. Helping professionals serve; they are recognized by the society as the sole professional providers of the unique and needed services they offer.

The helping professions include medicine, law, dentistry, education, psychology, and social work. The roots of each lie in the nature of humankind and society, past and present. It is on these bases that services are determined and programs for providing these services are developed. In this section, we briefly review some of the basic concepts of humankind and society as a basis for the helping professions in general and the profession of counseling in particular.

In the instance of the helping professions, including counseling, it is appropriate to begin with the very foundation of their existence—namely, the human client. This client has certain distinguishing characteristics that provide a basis for the counseling profession and the institutions and agencies through which this profession contributes its special knowledge and skills. Although any attempt to characterize such a versatile and ever-changing species as human beings is perilous, we have certain stable yet unique traits that set us apart from other living species. In the main, these are what we might term the *privileges of the human race*. They provide not only the basis or focus of our being but also the basis for our doing. They also suggest roles that we human beings can play in helping our fellow human beings. These distinguishing characteristics include the following:

- *Humans are among the weakest species at birth.* We are born without the genetically imprinted behaviors possessed by many forms of life. While many young animals in the forests and jungles of the world can survive without adult help, young human life cannot. Our early survival is dependent solely upon the attention, care, and affection of others.

The human need for love and care and the degree to which they are provided become a critical basis for the lifelong adjustment or lack of it for the individual.

- *Humankind has the greatest potential for growth and development of all the species.* The brain itself triples in physical size, and multiplies even more in capacity, as a child grows. This brainpower, coupled with a surplus of energy (more than other species), gives us almost limitless possibilities. The realization of human potential does not, however, rest with the individual alone; we are all dependent on many environmental variables and assistance to develop our potential.

- *Humans have the highest level of communication skills, skills that enable us to express our thoughts in detail to many others; to teach our language to others (even other animal species at certain levels); and to record, send, and receive information.* These dual capacities, sending and receiving, in both word and gesture, form the bases for human relationship skills and for love and affection, which in turn form the primary stimulus for the human race. This ability to relate to others thus becomes the core of a happy, well-adjusted life.

- *The human species exhibits a wider range of differences than any other species.* These differences not only clearly distinguish each human from every other human but also multiply the potential of the society and stimulate the advancement of civilizations. The concept of individual differences provides the rationale for client analysis in the helping professions.

- *Human beings manipulate and are manipulated by their environment.* The behavior of a human being cannot be adequately understood apart from the environmental context within which it occurs. Thus, environmental analysis is becoming increasingly important to the professional counselor.

- *Humans are the only living organisms that understand past and future time.* We can recall the past, act in the present, and plan for the future. This gives us the capability for building on our past experiences, avoiding past mistakes, anticipating the future, and planning for the development of our potential.

- *Humans have the ability to reason and to gain insight.* We are able to make reasoned choices among alternatives and to change. This aptitude for planned individual change is significant in the important arenas of individual development and social adjustment (relationships with one's peers). Our ability to understand ourselves and act rationally also contributes to the maturing process.

From images of the human species, McCully (1969) drew inferences for counseling and other helping relationships as follows:

1. All people at birth possess the potential for the distinguishing characteristics of the human species.
2. The environmental conditions the individual experiences from birth on may either nourish or suppress their realization. (pp. 134, 135)

In light of these premises, we can suggest, at even this early point in our discussion, that a fundamental basis for counseling program development must be rooted in our understanding

of the characteristics and needs of all our clientele, plus an understanding of the environment that shapes them. For counselors, this implies learning in human growth and development and our sociocultural foundations.

Societal needs and expectancies also play an important role in a profession's development and functioning. The brief historic review in Chapter 1 indicates some of the social influences on the development of the counseling profession.

THE PROFESSIONAL COUNSELOR

As a beginning student in a counselor preparation program, you have made a commitment to prepare yourself for entry into the counseling profession. Membership in a profession mandates that the member assumes the expectancies and characteristics of a professional. The term *professional counselor* distinguishes the professional from those who may use the title *counselor* in conjunction with another primary occupation (e.g., loan counselor, sales counselor, investment counselor, and such). Professionals are full-time active representatives of their profession. They accept the responsibilities of professionalism. For the professional counselor, these responsibilities include the following.

1. Professional counselors must become fully trained and qualified to meet the needs of the client population they elect or are designated to serve. Training requires an appropriate graduate level (master's degree at least) program that leads to an understanding and awareness of the systematic theories guiding professional practice.
2. Professional counselors actively seek and obtain the certification or licensure appropriate to their training, background, and practice setting.
3. Professional counselors need to be professionally and personally committed to constantly updating and upgrading their skills and knowledge to reflect the latest and ongoing progress in their professional field.
4. Professional counselors are aware of and contribute to the advancement of the profession by conducting and participating in research studies designed to increase knowledge for the profession. In addition, they ensure the dissemination of such studies to the profession through professional writings and program presentations at professional meetings.
5. Professional counselors are active participating members of appropriate professional organizations at all levels (national, regional, state, local).
6. Professional counselors are aware of and adhere to all legal and ethical guidelines pertaining to the profession and the practice of counseling. Note that in the majority of states the use of the title *counselor* is protected by law.

COUNSELING AS A DISCIPLINE

As we examine our roots and the emergence of counseling as a helping profession, we should also note the foundations for counseling as a discipline. Much of this foundation has been derived from the field of psychology. The contributions from psychology include counseling theory and process, standardized assessment, individual and group counseling techniques, and career development and decision-making theories.

Specialty areas within the field of psychology have further contributed to a knowledge base upon which counselors may draw. These include *educational psychology* and its studies of learning theories and human growth and development and their implications for educational settings. *Social psychology* helps us understand the impact of social situations on individuals, including the environment's influence on behavior. *Ecological psychology* is also concerned with the study of environments and how individuals perceive and are shaped by, as well as influence in turn, their environments. *Developmental psychology* helps us understand why and how individuals grow and change over their life span.

We acknowledge that our strongest disciplinary ties are to the field of psychology, but we must also recognize the important contributions of other sciences to the counseling profession. For example, *sociology* has contributed to our understanding of human groups and their influence on social order and social change. *Anthropology* has provided counselors with insights into the cultures of peoples, cultures that in turn provide guidelines for the behaviors and viewpoints of their members. *Biology* has helped us understand the human organism and its uniqueness. The *health professions* have made us aware of the importance of wellness and prevention.

TRADITIONAL ACTIVITIES

The historic review of the counseling movement in Chapter 1 notes the contributions of the many disciplines and influences that have consistently been adding to and expanding their areas of emphasis. Among these are vocational or career guidance, mental health, standardized testing for client analysis, education as guidance, group activities, and the identification and college placement of the gifted. Other influences are the community mental health agency movement; the counseling psychology movement; the development of specialized counseling programs for rehabilitation and substance abuse; correctional, marriage and family, and gerontological counseling; reemphasis of the impact of environment on the individual's growth and development; a currently renewed stress on prevention and early intervention; and the impact of technology on how services are delivered. However, despite the relatively short time that counseling has existed as a profession, certain traditional activities, basic principles, and identifiable patterns of program organization have emerged. An understanding of these can provide some insights into the not infrequently asked question, "Why do counselors do what they do the way they do it?"

Because the early training programs often emphasized school counselor preparation, many of the influential texts also had this orientation. Early authors tended to discuss counselor functions in terms of services. For example, more than 40 years ago, Froehlich (1958), in discussing counseling and guidance services to pupils in schools, identified basic services to pupils in groups and individually, services to the instructional staff, services to the administration, and research services. After passage of the National Defense Education Act (NDEA) of 1958, the 1960s were a period of rapid growth for counseling programs, especially in schools. Writers of that period, such as Hatch and Costar (1961) also noted that

it seems more desirable to think of the guidance program as a program of services—services which can be defined, recognized, administered, and evaluated. It is then possible to define a guidance program as a program of services specially designed to improve the adjustment of the individual for whom it was organized. (p. 14)

Hatch and Costar made the following suggestions:

- Guidance services are for all concerned.
- Guidance services are for all school levels.
- Guidance services are primarily preventive in nature.
- The teacher plays a major role in the guidance program.
- The program of guidance services needs trained personnel.
- The program of guidance services requires coordination.
- The guidance program uses and improves on present practices.
- Guidance services are not an added activity.
- Guidance services are a group of facilitating services.
- The training background of guidance workers presupposes certain elements. (p. 14–17)

Hatch and Costar identified the following services as desirable for a school counseling program:

- Pupil inventory service
- Information service
- Counseling service
- Placement service
- Follow-up and evaluation service (p. 18)

Zeran and Riccio (1962) identify the basic services or activities of counselors as analysis of the individual, counseling, placement, and follow-up and informational services. Gibson and Higgins (1966) noted that although semantics and labels varied, the basic services of counselors were usually identified as pupil analysis, individual counseling, informational activities, group guidance, placement and follow-up, and evaluation and research.

In the 1980s, Shertzer and Stone (1981) saw the necessary elements of guidance programs in schools as (a) an appraisal component; (b) an information component; (c) a counseling component; (d) a consulting component; (e) a planning, placement, and follow-up component; and (f) an evaluation component. Blocher and Biggs (1983) in discussing counseling in community settings, noted that counseling psychologists engage in individual and small group counseling centered around concerns involving educational and vocational planning, personal problem solving and decision making, family problems, and other activities related to personal growth, prevention, consultation; and, at times, psychological education. Blocher and Biggs believed that assessment strategies must be developed and mastered to permit an understanding of individuals as they interact in natural environments. Counselors must understand processes of human development as they apply to both individuals and social organizations.

Additional insight comes from the Council for Accreditation of Counseling and Related Educational Programs (CACREP). This accrediting association specifies that all counselors should study eight core areas: professional identity, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment and research, and program evaluation. In summary, certain traditional or basic activities have evolved for counselors across all settings. These include individual assessment, environmental assessment, individual counseling, group counseling and guidance, career assistance, and placement and follow-up. Currently, these traditional activities have expanded to include referral, consultation, research, evaluation, accountability, and prevention.

Preventive intervention has also received renewed attention. All these areas are discussed briefly in the sections that follow and are considered in greater detail in later chapters.

Individual Assessment

Individual assessment seeks, systematically, to identify the characteristics and potential of every client. This activity is often considered a primary skill of the professional counselor because it provides a database for more readily understanding the person in the counseling setting, the effective planning of group counseling activities that reflect client interests and needs, the development of responsive career and human potential development programs, and the organization of systematic placement and follow-up programs. Often referred to as *individual inventory*, *assessment*, or *appraisal*, this activity promotes the client's self-understanding, and it also assists counselors and other helping professionals to understand clients better.

Individual assessment emerged as a result of the standardized testing movement. Even today, standardized test results are the most frequently used objective data in individual analysis. Other popular and traditional techniques are observation, observation reports, and such self-reporting techniques as the autobiography. Note that other helping professional specialists also have diagnostic skills and responsibilities. For example, a school counselor will often consult with school psychologists and psychometrists for their expertise in psychological assessment, including individual testing, and with school social workers as specialists in environmental and case study analysis. These and other techniques for human resource assessment are discussed in greater detail in later chapters.

Individual Counseling

Individual counseling, since the early days of the counseling movement, has been identified as the core activity through which all the other activities become meaningful. *Counseling* is a one-to-one helping relationship that focuses on a person's growth and adjustment and problem-solving and decision-making needs. It is a client-centered process that demands confidentiality. This process is initiated when a state of psychological contact or relationship is established between the counselor and the client; it progresses as certain conditions essential to the success of the counseling process prevail. Many practitioners believe that these include counselor genuineness or congruence, respect for the client, and an empathic understanding of the client's internal frame of reference.

Although each counselor will, in time, develop his or her own personal theory to guide personal practice, established theories provide a basis for examination and learning. Effective counseling requires counselors to have not only the highest levels of training and professional skills but also certain personality traits. Counseling programs will suffer in effectiveness and credibility unless counselors exhibit understanding, warmth, humaneness, and positive attitudes toward humankind. Chapter 4 discusses individual counseling in greater detail.

Group Guidance and Counseling

Groups have become increasingly popular as a means of providing organized and planned assistance to individuals for a wide range of needs. Counselors provide such assistance through *group counseling* or *group guidance*, including task groups and psychoeducational groups. In schools, students have been organized into groups for what might be called

guidance purposes since long before any counseling or guidance label was attached to the activity. The organization of courses and group meetings to dispense primarily occupational information can be traced back to before the evolution of the counseling movement. Home-room grouping served a guidance function and an administrative one long before being labeled as such. However, in 1934, H. C. McKown wrote a textbook entitled *Home Room Guidance*, which recognized the guidance function. With the increasing importance and attention given to extracurricular activities in schools in the 1920s and 1930s, some suggested these activities also were a type of group guidance experience.

Although various activities from time to time have been given the label *group guidance*, the most consistent definition of this service is an activity designed to provide individuals with information or experiences that promote their career or educational understandings and personal social growth and adjustment. Some traditional group guidance activities that have become familiar to most high school students are career days, college days, and orientation days.

Group Guidance

In recent generations, group counseling has also been viewed as a basic but different activity from group guidance. *Group guidance refers to group activities that focus on providing information or experiences through a planned and organized group activity.* Examples of group guidance activities are orientation groups, career exploration groups, college visitation days, and classroom guidance. Group guidance is also organized to prevent the development of problems. The content could include educational, vocational, personal, or social information, with a goal of providing students with accurate information that will help them make more appropriate plans and life decisions.

Group Counseling

Group counseling is the routine adjustment or developmental experiences provided in a group setting. Group counseling focuses on assisting counselees to cope with their day-to-day adjustment and development concerns. Examples might focus on behavior modification, developing personal relationship skills, concerns of human sexuality, values or attitudes, or career decision making.

We might conclude that group guidance activities are most likely to be found in schools. Group counseling typically is popular in agency and institutional settings and utilized somewhat, though not as frequently as group guidance, in school settings, while group psychotherapy will most frequently occur in clinics and agency or institutional settings. Group counseling and other group responsibilities of the counselor are discussed in greater detail in Chapter 5.

Career Assistance

Since their earliest inception, both the school guidance movement and the counseling psychology movement have had a strong vocational influence. Traditionally, this activity has been viewed as one in which standardized tests were used for career assessment and planning. Descriptive materials and media were accumulated, organized, and then disseminated through planned group activities, as well as used in individual advising and counseling.

For many years in school settings this activity was referred to as the *information service* (providing occupational and educational information). In the 1970s the concept of this basic service was broadened and a new (now more appropriate) label assigned: *career guidance*. This term seemed more compatible with the rapidly developing career education movement and also represented in the minds of many (but not all) a broadening of the school counseling program's responsibility in the career development of school-age youths. This approach, a developmental one, suggests that a person should have certain experiences and understandings at each stage of growth that will provide appropriate foundations for later career planning and decision making.

The attention to and preparation for providing career assistance to client populations is one of the distinguishing and unique characteristics of the counseling profession. Dramatic changes taking place in the world of work have greatly altered the workplace and affected the traditional planning and careers of millions of workers. As a result, the counseling profession is being called upon once again to renew and update its efforts in one of its most traditional areas of service and to provide career guidance and counseling, not at selected stages in life's development, but across the entire life span.

Technology is also keeping pace with the rapid change affecting work, workers, and preparation for work. Computer-based programs, the Internet, distance learning, and interactive learning systems are but a few of the technological developments impacting the ways counselors provide career assistance and information to their clients.

Counselors in a wide range of settings are called on to provide career planning and adjustment assistance to clients. In some agencies, such as community career centers and career centers for special populations, the focus is almost exclusively on the career needs of individuals. Counselors in government employment offices and rehabilitation services have an obvious responsibility to provide career counseling and guidance. Even those counselors in more broadly based programs, such as community agencies, secondary schools, and institutions of higher education, are expected to address the career-oriented needs of the populations they serve.

Placement and Follow-Up

Placement and *follow-up* have more traditionally been a service of school counseling programs with an emphasis on educational placement in courses and programs. In actual practice, this has meant that many school counselors have had responsibility for student scheduling, a very time-consuming task that has been viewed with considerable controversy as an administrative rather than a counseling function. Another aspect of educational placement is activities associated with college admissions.

The other obvious component of the placement service—employment placement—has been given much less emphasis and planning in schools. However, concerns for youth unemployment in the 1990s resulted in increasing attention to this aspect of placement in schools. Today, job placement in school counseling programs strives to match students seeking part-time or regular employment with available jobs. It also frequently involves a form of referral in which the individual is directed to a particular job setting.

Follow-up activities allow counselors to assess the effectiveness of a program's placement activities. Placement and follow-up activities have been given increasing

significance in schools in which career education and planning are emphasized. Of course, employment counselors and rehabilitation counselors are very active in referral, placement, and follow-up of their clients. Also, as counselors are increasingly employed in business and industrial settings, these procedures have become an important aspect of their services. Counselors in all settings should use follow-up procedures for assessing counseling outcomes. Placement and follow-up activities are discussed further in Chapter 8.

Referral

Referral is the practice of helping clients find needed expert assistance that the referring counselor cannot provide. It directs the client to another counselor with a higher level of training or special expertise related to the client's needs. Counselors in all settings who establish a network of qualified helping professionals for referral purposes will find it to be an advantage to their clients. Of course, counselors themselves will be the recipients of referrals from their various work settings and the populations they are expected to serve.

Consultation

Consultation is a process for helping a client through a third party or helping a system to improve its services to its clientele. The former, usually labeled *triadic consultation*, is popular in working with parents of troubled children or teachers with problem pupils. The latter, appropriately labeled *process consultation*, focuses primarily on the processes that an agency or institution may be using to carry out its mission. Thus, consultation is a form of outreach in which counselors function as team members to assist individual clients or systems that serve clients.

In community and other agency settings, consultation is receiving increased attention as a way of preventing severe mental illnesses. In fact, the Community Mental Health Centers Act (1963 and subsequent amendments) requires centers to provide consultation as one of five essential services. In school settings, especially elementary schools, the counselor is used increasingly as a consultant to teachers and parents. Consultation is discussed in greater detail in Chapter 9.

Research

Research is necessary to the advancement of the profession of counseling. It can provide empirically based data relevant to the ultimate goal of implementing effective counseling. It is a means for producing additional knowledge in our field, providing factual data to reinforce or guide the counselors' professional judgments and seeking answers to questions and issues of professional concern. Research results and the research process are important to program managers and other counselors who find it advantageous to have factual data to reinforce or guide their professional judgment.

Whether one is an active researcher or not, a counseling professional cannot afford to ignore or gloss over important research in the field. Different client populations, more diverse and usually more intense client problems, plus greater variation in staff backgrounds and, hence, treatment approaches offer counselor-researchers the opportunity for unique and significant research investigations.

Interest has also grown in *outcome research*, which measures the outcomes of various counseling practices and activities. The American Counseling Association Foundation has sponsored studies of counseling outcome research. For example, Whiston (1998) and Whiston and Sexton (1998) summarized school counseling outcome research published between 1988 and 1995. More recently, Whiston (2006) published an article entitled “Does psychotherapy help some students? An overview of psychotherapy outcome research” in the *Journal of Counseling and Development*. Also, the professional publications of the American Counseling Association and the American Psychological Association regularly report the findings of counseling research studies. A brief sampling of counseling research studies is provided at the end of each chapter in this textbook, and research is discussed in general in Chapter 11.

Evaluation and Accountability

Although *evaluation* and *accountability* are not synonymous terms, they are interrelated, and counselors and counseling programs are expected to engage in both. *Evaluation* is a means or process for assessing the effectiveness of the counselor’s activities. It is fundamental to the verification and improvement of professional and program performance.

The use of the term *accountability* is an outgrowth of demands that schools and other tax-supported institutions and agencies be held accountable for their actions. In other words, some evidence of accomplishment must be provided in return for tax investments. Accountability also implies that these accomplishments must be relevant to the purpose for which the agencies or organizations were established.

Accountability establishes a basis for relevance, effectiveness, and efficiency. In this context, evaluation can be viewed as a component of the accountability model. More attention is given to accountability and evaluation in Chapter 11.

Prevention

The past 20 years have seen a substantial number of reports of important studies that have examined the promotion of mental health through primary prevention using a social-psychological perspective. These and other studies suggest that a most attractive alternative to traditional remedial mental health practices is primary prevention, which seeks to prevent the occurrence of the disorder in the first place. Such an alternative suggests a shift in focus to the settings and life conditions that shape early adaptation. In this regard, the school and the family are the social institutions that most profoundly affect early human development. Increasingly, this focus is on the school as a vital ongoing shaping force with organizational advantages for the initiation and development of mental health programs for primary prevention.

Thus, potential benefits for society may be derived from devising programs in schools that facilitate positive mental health in tandem with a mastery of cognitive development. Basic human needs, both sociological and psychological, are to a large measure met either successfully or unsuccessfully in major social institutions. For youth, the schools become not only a resource for intellectual achievement but also institutions that, in a larger and more important sense, shape the entire social group, subject to its experiences. As such, the schools have a major role in the promotion of positive mental health. In this effort, a significant contribution can be made through effective primary intervention strategies.

Community and other mental health-oriented agencies are becoming active in working with families and other stress-prone groups—such as divorced individuals and widows and widowers—to head off anticipated stresses. We can anticipate that counselors in a wide

range of settings will be increasingly called on to develop and implement prevention strategies for their clientele. Chapter 10 gives further attention to prevention and wellness.

Closely allied with prevention is the concept of *wellness*, which recognizes both the mental and physical well-being of the individual. Although the professional counselor may assist clients more directly in becoming mentally healthy, the possible interrelationships between mental and physical health cannot be overlooked. Counselors will, therefore, work to establish linkages with health care professionals. Also, as we counselors are concerned with the total well-being of the individual, we may consider the *holistic approach* to counseling, which embodies the dimensions of body, mind, spirit, and emotions.

BASIC PRINCIPLES

Principles tend to form a philosophical framework within which programs are organized and activities developed. They are guidelines that are derived from the experiences and values of the profession, and they represent the views of the majority of the profession's membership. As such, they become fundamental assumptions or a system of beliefs regarding a profession and its role, function, and activities.

For Schools

The following are some principles suggesting how school counseling programs can make their contributions more effectively:

1. School counseling and guidance programs are designed to serve the developmental and adjustment needs of all youth.
2. The school counseling program should be concerned with the total development of the students it serves. This program also recognizes that individual development is a continuous, ongoing process; therefore, school counseling programs must themselves be developmental.
3. Pupil guidance is viewed as a process that is continuous throughout the child's formal education.
4. Trained professional counseling personnel are essential for ensuring that helpers have professional competencies, leadership, and direction. (This does not imply that paraprofessionals cannot make worthwhile contributions.)
5. Certain basic activities are essential to program effectiveness, and these must be specifically planned and developed if they are to be effective.
6. The school counseling program must reflect the uniqueness of the population it serves and the environment in which it seeks to render this service; thus, like individuals, each school guidance program will be different from other programs.
7. Relevant to the preceding point, the school counseling program should base its uniqueness on a regular, systematic assessment of the needs of the student clientele and the characteristics of the program's environmental setting.
8. An effective instructional program in the school requires an effective program of pupil counseling and guidance. Good education and good guidance are interrelated. They support and complement each other to the student's advantage.

9. Teacher understanding and support of the school counseling program are significant to the success of such programs.
10. The school counseling program is accountable. School counselors recognize the need to provide objective evidence of accomplishments and the value of those accomplishments.
11. The school counselor is a team member. The counselor shares a concern and programs for youths with psychologists, social workers, teachers, administrators, and other educational professionals and staff.
12. The school counseling program must be designed to recognize the right and capability of the individual to make decisions and plans.
13. The school counseling program must be designed with respect for the worth and dignity of the individual—every individual.
14. The school counseling program must be designed to recognize the uniqueness of the individual and the individual's right to that uniqueness.
15. The school counselor should be a role model of positive human relations—of unbiased, equal treatment.

Although counseling is a relatively young profession, counselors are developing traditions and establishing their role and worth; counselors will cope resourcefully and imaginatively with the demands of the future. The following discussion considers some traditions, activities, and effective counseling program organization and functioning.

For Community Agencies

Counseling programs in community and other institutional or agency settings represent a wide range of approaches for delivering services. The development and implementation of these services are based on certain underlying assumptions and basic principles. The basic assumption that community involvement is necessary for relevant and accountable community mental health agencies has implications for the essential principles of those agencies that are community based. It is important for community mental health agencies and the counselors they employ to be aware of the following:

1. It is important to understand the characteristics of both the population and environment of the catchment area that the agency is designated to serve and to compile relevant and accessible data.
2. These data must be factual, not theoretical. Therefore, an objective, fact-finding needs assessment, such as that suggested in Chapter 11, should be conducted on a regular, ongoing basis.
3. It is important to communicate to the community, as well as to the agency staff, what is learned about the community and its population.
4. Organizational goals should be specified, priorities established, and procedures identified for achieving the goals.
5. A comprehensive communications and public relations program must be developed to ensure that the community is aware at all times of the activities and accomplishments of the organization.
6. A planned, ongoing program of evaluation is essential to both program improvement and public support.

FUTURE DIRECTIONS FOR THE PROFESSION

As we enter a new century, we are mindful that the future and change are inseparable. Progress for the counseling profession itself depends on the generation of new knowledge and the changes new knowledge stimulates. Certainly a number of these changes affecting our profession are already underway, so we cannot lay claim to any crystal ball magic in noting the following future directions for the counseling profession.

1. *Increasing standards for counselor preparation:* Counselor preparation programs, which have moved from 32–36 credit hour programs to 45–48 credit-hour master’s programs in the last decades of the 20th century, are anticipated to move to 65 hours and beyond in the first decade of the 21st century. New knowledge and the broadening of counselor responsibilities will be the major contributors reflected in new and additional course work requirements. Additionally, as in other professions, in the years ahead counselors must increasingly anticipate a lifetime of learning—of constantly updating their skills and knowledge if they are to serve their clients and the public in general optimally.

2. *Increasing attention to specialty fields:* As professions develop and gain public confidence, specialty fields tend to emerge. For example, specialties have proliferated in the traditional helping professions of medicine and law. Specialties are also emerging in the profession of counseling. We note such specialties as marriage and family counseling, multicultural counseling, crisis counseling, substance abuse counseling, career counseling, elementary school counseling, secondary school counseling, community/agency counseling, gerontological counseling, rehabilitation counseling, mental health counseling, and so forth. As we look to the future we can anticipate that increased attention will be given to the specialty fields that have already evolved in our profession and can project that new, and perhaps at this point unidentified, specialty fields will emerge.

3. *Increased use of technology:* The technology explosion projected for the 21st century will undoubtedly impact and influence all the helping professions, including counseling. We are already aware of the influence that computers, automated testing programs, fax machines, electronic mail, and distance learning have made on the workplace and within counseling organizations. Those involved in the worlds of developing technology indicate that we are really just experiencing the beginning of this change. Currently, we are witnessing clients receiving personal counseling through utilization of the Internet.

Many in the counseling profession question the use of technology to the exclusion of the personal interaction that traditionally occurs between client and counselor. Many also question the ability to maintain confidentiality when using any of the various electronic means of communication. In any case, we can anticipate an exciting era in which counselors and the counseling profession will be called upon to adjust to, utilize, and cope with rapid technological advancements.

4. *Increasing focus upon empirical results:* Although not necessarily justified, counseling has long been considered suspect by many of its critics due to a presumed lack of empirical evidence supporting counselor activities and results. In recent years the profession has devoted more attention to informing the public of factual evidence documented by empirical research supporting counselor activities and ensuing results. This trend must continue and must be accelerated with particular attention to counselor effectiveness in prevention programs, human relationships, and other areas of critical national need. Not only

prospective clients but also the general public must be made aware of what our profession can do to improve our national well-being.

5. *Updating of the profession's traditional theories:* The counseling profession's traditional theories of counseling and career development have been scrutinized in recent years as many have challenged their relevancy in view of the changing characteristics and dynamics of society and the world of work. It has been suggested that the original data and bases on which the theories were founded are no longer appropriate. Without involving ourselves in this debate, we simply note that today most of the leading theorists are engaged actively in researching and updating the traditional theories of our profession. We can assume that others are researching and testing new theories that may emerge in the 21st century. (Attention to these traditional theories and possible new and emerging ones are provided in Chapters 4 and 8.)

6. *Renewing attention as well as expanding career counseling parameters:* For people born after 1980, the world of work has undergone dramatic and, in many instances, unanticipated changes. Influencing these changes are the closing out of certain traditional careers and the emergence of completely new ones. A few aspects of the sweeping changes that have occurred in recent years in the world of work include these: the U.S. economy's expansion into the world marketplace and the necessity of competing in a global economy, resulting in many industries and careers being shifted out of the United States; downsizing that has affected the stability of heretofore lifetime career paths; the concept of career counseling across the life span as retirement barriers fall; and legislative activities stimulating school-to-work transition planning. These shifts have produced an upheaval in the career planning of countless adults and have confused young people planning their entries into the world of work and careers. This has focused new attention on the counseling profession, *the* profession with specialized training in career counseling. It has also resulted in increased opportunities for counselors to function in specialized career settings. This renewed attention to a traditional area of concern and expertise in the counseling profession offers many exciting possibilities for our profession to provide special expertise and service to the general public in the years ahead.

7. *Increased attention to public communication and political activity.* Many leaders in the counseling profession have called upon counselors to become more politically active (not in a partisan sense, but in terms of public information) to publicly communicate what counselors do, what they are accomplishing, and so forth. All too frequently, the general public appears to be misinformed, partially informed, or uninformed regarding the significant contributions that the counseling profession can make to individuals and to society's wellness. While our training programs emphasize the importance of communication skills in the counseling relationship, there is a great need to also emphasize the importance of utilizing our communication skills in making the public aware of our expertise and contributions. This has been a major deficit standing in the way of our profession's advancement, and it is only now beginning to be recognized and remedied. This action must continue.

8. *Increased attention to program relevancy:* The accountability movement in the last generation of the 20th century has brought about a recognition that to adequately serve our client populations, we must be relevant. Programs must address the real needs of their client populations, not theoretical or assumed needs. The basis for developing relevant programs is objective needs assessments, which then lead to the development of relevant and accountable counseling programs.

9. *Increased multicultural sensitivity and activity:* Although as a profession we justifiably claim to be experts in human relationships, we have failed to transform our skills in individual counseling and small group relationships to the broader community and to national relationship issues. Certainly progress has been made in recent decades in the area of racial relationships; however, the overall picture of relationships among our population indicates that many among U.S. citizens are at odds with each other. These differences are expressed in everything from subtle prejudices to extreme violence that constantly threaten our national stability and well-being. Little concerted effort has been made to mitigate or improve these situations. As a profession espousing positive human relationships, we must step forward and assume a national leadership role in dealing with this human crisis.

10. *Increased globalization of the profession:* The increased globalization of the workforce and the attending significant changes affecting both employers and employees will undoubtedly create stress and uncertainty among the millions affected. As the majority of those affected will be well beyond school age, assistance in decision making and adjustment must come from counseling agencies, EAPs (employee assistance programs), or private practitioners.

11. *Dramatic increases in online counseling:* In a significant departure from traditional face-to-face counseling, the technological revolution has brought with it an upsurge in online counseling. Commensurate with this development is the increase in distance learning and online coursework in counselor education.

SUMMARY

Most of the basic principles and traditional activities enumerated here have, as suggested in Chapter 1, a historic relationship with the development of the counseling movement. Although the organization of these activities into program formats differs across various settings, the mention of the importance of individual assessment, one-to-one counseling, group activities, career information, and placement and follow-up would evoke a ringing round of applause from our professional forebears. Additionally, in recent generations we have come to view consultation as an expected professional service, and the current emphasis on prevention indicates that it will be a major role for counselors in the future.

Traditions are the hallmarks of a profession. They are often seen as indices of the professional maturity of a discipline and as synonymous with the guiding principles for a profession. They represent guidelines for newcomers (and reminiscences for old-timers) to the profession. They become powerful determinants of the profession's goals and actions and, in time, extremely resistant to elimination or alteration. Thus, although we

sometimes hear a call for drastic change (even elimination of counseling programs in some settings), it is not the fundamental beliefs or traditional activities of the counselor that must change but, rather, how the activity is interpreted or viewed and carried out that will determine the merits of a counseling program in any setting.

Relevancy is a key to the success or failure of a program's activities and services. For example, it is doubtful that the counseling skills and understandings that some of us possessed when we first entered the profession would be relevant to the demands of today's youths, and it is certain that both the concept of careers and the career information at our disposal years ago would not be in any way relevant today. As C. Gilbert Wrenn stressed in his classic book *The World of the Contemporary Counselor* (1973), "The need of the counselor is to attempt to understand contemporary youth and the world in which they live" (p. 3). Wrenn is referring to relevancy—seeing and understanding the environment that surrounds our clients, as well as our clients themselves.

We move from this broad overview of counselor activities to more specifically examining where counselors work in Chapter 3.

DISCUSSION QUESTIONS

1. When you hear the term *professional*, what does this imply to you? What does the label *profession* mean to you?
2. Discuss characteristics attributable to those in the helping professions (medicine, law, dentistry, education, psychology, and social work) and how these characteristics help and/or hinder professional performance.
3. Do some current societal needs have implications for new directions in educational or societal services? Identify and discuss.
4. List five environmental variables that positively influenced the development of your human potential, as well as five environmental variables that detracted from it. Next, examine present environmental variables affecting your potential.
5. What traditions do you associate with other professions, such as medicine and law? Discuss these and how you believe they may have evolved.
6. What particular counselor activities appeal to you? Which ones don't?
7. Discuss any relevant experience you have had with (a) individual assessment; (b) individual counseling; (c) group counseling; (d) career assistance; (e) placement and follow-up; (f) referral; (g) research.

CLASS ACTIVITIES

1. Pursue one of the following categories to find out more information:
 - *Individual Assessment*: What questions are asked? What does an intake look like?
 - *Individual Counseling*: What is the client-centered process? What are some activities to help clients engage in personal growth, adjustment, problem solving and decision making? How do counselors develop good rapport with clients?
 - *Group Counseling and Guidance*: What are some activities for group guidance? What are some activities for group counseling?
 - *Career Assistance*: What are some career development activities for individuals across the entire life span (e.g., leaving high school, leaving college, changing careers, nearing retirement)?
2. Organize into small groups to interview professionals in medicine, dentistry, law, nursing, and teaching. Interviews should seek information regarding (a) training; (b) regulation of the profession by the profession; and (c) traditions of the profession. Report findings orally to the class.
3. Interview counselors in various settings to ascertain the major activities they typically engage in as professional counselors. Report these findings to the class.
- *Placement and Follow-Up*: Give examples of how counselors follow up to assess counseling outcomes.
- *Referral*: Make a list of people in your community to whom you could refer people (e.g., drug and alcohol counselors, marriage and family counselors, career counselors, psychiatrists, psychologists, physicians).
- *Consultation*: Explain systems theory and present it to the class.
- *Research*: Research a counseling theory you are interested in and find empirical evidence to support it.
- *Evaluation and Accountability*: How does one evaluate the effectiveness of the counselor's activities? What are ways to evaluate a counseling program's performance? How can we evaluate the accountability of schools and tax-supported programs in terms of relevance, effectiveness, and efficiency?
- *Prevention*: Describe some intervention strategies for a clientele with whom you are interested in working. How do counselors incorporate the holistic approach, which embodies the dimensions of body, mind, spirit, and emotions? (What are some specific activities counselors use with clients?)
- *Basic Principles*: What are some specific activities for meeting the developmental and adjustment needs of all youth? How can a school systematically assess the student clientele's needs and the characteristics of the program's environmental setting?

4. Organize into small groups and have each group member discuss his or her contact with counseling programs and the perceptions of those programs for each of the educational levels: elementary, secondary, and higher education. Each group should develop a list of recommendations based on its experiences for improving school counseling programs.

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3

Where Counselors Work

COUNSELORS IN EDUCATION SETTINGS

Currently, counselors are employed in a variety of work settings. In some they may function as generalists; in others, they may provide specialized services to specific populations (e.g., marriage and family counselors). Both the settings and the number of emerging counseling specialties have increased in recent years, and we can anticipate, especially as we move into the global village, additional specialties reflecting international perspectives and technological advances. The objective of this chapter is to briefly describe the various settings in which professional counselors may work.

As you examine these settings, we emphasize the importance of selecting the work environment in which one would anticipate the greatest job enjoyment and satisfaction. This is significant both professionally and personally. Of course, many counselors will find more than one professional setting to be potentially enjoyable, and a final decision may then need to be made on the basis of the environmental or community setting that appears to be the *most* appealing. A study of interest to counselors in preparation programs was conducted by Clawson, Henderson, Schweiger, and Collins. This study indicates that

the majority of graduates from counselor preparation programs find employment in settings related to their specialty areas the first year after completing their programs. According to information reported on the data collection form, 67% of community counseling graduates and 67% of mental health counseling graduates find employment in agencies after graduation; 87% of school counselors are hired in schools, and 40% of college counselors work in higher education/student affairs. The majority of graduates in addictions, gerontological, and marriage and family also work in agencies. (Clawson, Henderson, Schweiger, & Collins, 2004, pp. 52–53)

Counselors in any work setting must know what services school counselors and school counseling provide. Therefore, one purpose of this chapter is to orient potential counselors, including those interested in school settings, to the following:

- Training of counselors for educational settings
- Credentialing of school counselors
- Role and function of counselors in various educational settings
- Appropriate professional organizations for those employed in educational settings

TRAINING PROGRAMS FOR COUNSELORS IN EDUCATIONAL SETTINGS

Counseling and guidance programs in schools are an educational development of the 20th century, and they have, until recent years, been unique to the United States and Canadian educational systems. The same has been true of training programs for counselors. Similarly, since the initial years of the National Defense Education Act (1958–1960), both the number and size of counselor training programs have grown rapidly. In 1964, 327 institutions of higher education were supporting counselor preparation programs with 706 faculty. Clawson et al. (2004) in the 11th edition of *Counselor Preparation* identified 484 academic departments that offered counselor training with 1,611 faculty (pp. 38, 39).

Because many of you may already be enrolled in programs of counselor education, this chapter's initial discussion may serve only to remind you to see your adviser about the course work that lies ahead or may show you how your own program may differ from others. We are certain, however, that you must recognize the significant relationship between what you are trained to do and your role and function once you are on the job.

As a means of putting into perspective who functions at what level and with what training or expertise, Table 3-1 indicates that persons with appropriate experience or training and the skills to communicate can function at the advice-giving level. In the school setting, for example, all teachers and most staff would qualify as advisers for many occasions and should serve in this important role in the school's program of pupil guidance. At the second level, special training to at least the master's degree level is required, which provides the school counselor with special expertise as a counselor. This expertise sets the counselor apart from other professionals in the school setting and establishes the unique qualifications needed to interact with or on behalf of students in meeting their routine development, adjustment, planning, and decision-making needs. The third level represents the highest degree of professional training available, usually an earned doctorate. As practicing counselors, such professionals are most frequently used as resource personnel for referrals and consultation. Their clients usually have serious personality disorders requiring intensive and long-term counseling. With their advanced training, doctoral-level counselors also may be involved in and even specialize in prevention and development. In addition to counseling, these more highly trained counselors may also seek careers in research or university teaching or in supervisory positions.

Table 3-1 Levels of training and responsibility.

Level	Training	Responsibility
First	Appropriate educational and/or experience background	Advising; information giving
Second	Master's degree in counseling and guidance	Developmental and normal adjustment counseling
Third	Doctorate in counseling and guidance, clinical mental health, or counseling psychology, or M.D. with specialty in psychiatry	Counseling for serious personality disorders

If you examine the content of training programs available, you will notice consistency in course content among master's degree programs across the United States. Much of this conformity is undoubtedly the result of state certification patterns for school counselors that reflect, with little deviation, an expectancy of training to perform the traditional basic services noted in Chapter 2. Many counselor education programs are guided by the eight core areas specified by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). These core areas are:

- Professional Identity (Professional Orientation and Ethical Practice—proposed 2009)
- Social and Cultural Diversity
- Human Growth and Development
- Career Development
- Helping Relationships
- Group Work
- Assessment
- Research and Program Evaluation

Obviously, it is appropriate to anticipate an expansion of these core areas as one examines the growing impact of technology and globalization. A number of counselor training institutions also offer a specialist or sixth-year degree for counselors planning to work in educational settings, as many school systems recognize, for pay purposes, the specialist degree. Also, in many states this degree qualifies an individual with appropriate experience for certification as director or supervisor of guidance or director of pupil personnel services.

Over 180 counselor training institutions in the United States and Canada offer programs leading to an earned doctorate. These programs tend, according to the nature of the program, to prepare their candidates for a variety of positions in addition to educational settings. These include positions in community counseling centers, business and industry, health facilities, and correctional institutions, and such specialty areas as mental health, marriage and family, substance abuse, and rehabilitation counseling. Some graduates of these institutions may also elect to enter private practice. Variations in program emphasis and preparation patterns are more commonplace at the doctoral than at the master's level. Also, in many institutions, several counselor education or related programs may exist because of specialized training, (e.g., departments of counselor education, rehabilitation counseling, counseling psychology, marriage and family counseling).

THE CREDENTIALING OF SCHOOL COUNSELORS

Today, the title *counselor* seems to be used with ever-increasing frequency in a variety of settings. One can find home buyer counselors, financial counselors, landscape counselors, used car counselors, and diet counselors. Other counselors may be distinguished on the basis of certification or legal licensure, including legal counselors, investment counselors, psychological counselors, mental health counselors, marriage and family counselors, and school guidance counselors. Differences between licensure and certification are discussed later in this chapter. Licensure or certification indicates that the holder has successfully

completed training and has been examined on learning and experience criteria recommended by the representative professional organizations and the appropriate licensing boards or agencies. The late C. Harold McCully, in his classic discussion "The School Counselor: Strategy for Professionalization" (1962), suggested, "A profession is an occupation in which the members of a corporate group assure minimum competence for entry into the occupation by setting and enforcing standards for selection, training, and licensure or certification" (p. 682).

Certification is a process that certifies the qualifications of individuals to engage in professional practice, usually in specific settings such as schools, utilizing a title authorized by the certification agency. Education, and its subspecialties, is an example of a profession that certifies qualifications, usually through state departments of education guided in many instances by state laws. In addition, certification may be awarded by agencies and volunteer organizations. School counselors are required to be certified under such guidelines in all states.

The process requires that the candidate for certification produce evidence of meeting the criteria for such certification. Minimally, for those seeking certification as school counselors, this process requires evidence of appropriate academic course work at a recognized and in some states regionally accredited institution of higher education. In addition, at this writing, 17 states and the District of Columbia require previous counseling or teaching experience (1–3 years) (Lum, 2006, p. 3). Four of these states (Arizona, Connecticut, Delaware, and Indiana) require previous counseling or teaching experience (1–3 years) but permit this requirement to be satisfied by completion of a one-year supervised, school-based internship (p. 3). A few states also require specific course work in areas such as state history, special education, computers, and so on. Twenty-two states use one or more standardized examinations as part of the credentialing process (Lum, p. 4). Because credentialing for school counselors is usually achieved through certification, the other major process of credentialing, licensure, is explored in this chapter's discussion of counselors in noneducational settings.

Another activity that has significance for the credentialing process, whether it be certification or licensure, is *accreditation*. Most programs preparing school counselors are accredited by their regional accrediting associations. Counselor training programs in schools or colleges of education may also have accreditation by the National Council for Accreditation of Teacher Education (NCATE), and programs both within and outside education may qualify for approval by the Council for Accreditation of Counseling and Counseling and Related Educational Programs (CACREP). As of November 2006, 203 school counseling programs have CACREP accreditation (CACREP, 2007).

Doctoral programs preparing counseling psychologists may seek accreditation by the American Psychological Association (APA). As of November 2006, 72 counseling psychology programs had been accredited by the APA (American Psychological Association, 2007). In addition, many state departments of public instruction accredit higher-education training programs within their jurisdictions.

All states require certification for those who will be school counselors. Generally very similar across states, these requirements account for the considerable degree of reciprocity by which candidates certified in one state may be eligible for certification in other states. For example, the vast majority of certification programs require a counselor's minimal completion of a master's degree. Also, most certification patterns

require course work appropriate to basic counseling services. That includes courses in assessment (or, sometimes, standardized testing), career and educational information, principles of counseling, career counseling or career development, individual counseling, and group counseling. Courses in consultation and research and program evaluation are also frequent requirements. In addition, some sort of supervised practicum experience is required. As noted previously, 17 states and the District of Columbia require applicants for a school counselor credential to have previous teaching or related experience (1–3 years) (Lum, 2006, p. 3). An increasing number of states have, however, recently amended their certification requirements to provide for an alternative experience to teaching, such as an internship.

It is probably a chicken or egg situation to attempt to determine whether training influences practice or vice versa, and it is not the intent of this chapter to enter that argument. We have, by choice, discussed training and resulting certification first. In the paragraphs that follow, counseling practices in various educational settings are described. Note the relationships among these practices and the training patterns previously presented. Remember, though, that this discussion is a brief overview only, and greater detail and specificity are provided elsewhere.

Advantages

The following advantages accrue from some sort of credentialing process:

1. *Credentialing protects the public against those who would masquerade as possessing certain skills and training.* Many have read the book or seen the movie *The Great Imposter*, in which one individual successfully assumes a variety of professional careers. Although such reports sometimes amuse and often attract admirers for those who have beat the system, very few people would knowingly ask for help from a physician who is not a physician, a lawyer who is not a lawyer, or a counselor who is not a counselor. These examples remind us of the need for a procedure that protects the public against professional misrepresentation and fraud.

2. *It provides, at the very least, minimally accepted training and experience requirements.* Credentialing and training requirements (and experiences) are closely interrelated. This interrelationship provides for a common core of learning experiences and achievement expectancies. These are related to the profession's concept of preparatory standards for entry into the profession. These standards not only are helpful to candidates considering entry into training programs and protect them from misleading training schemes, but they also reassure employers and the general public who use the services.

3. *Credentialing can provide a legal base for the protection of the membership of the profession.* Because credentialing suggests standards that benefit the public, lawmaking bodies are prone to provide the profession and its membership with certain legal forms of protection. For example, individuals cannot legally practice medicine without a license, and lawyers legally have the right of privileged communication with their clients. In many states, the right to enter private practice in such fields as psychology and professional counseling is limited by law.

4. *It may provide a basis for special benefits.* In addition to legal benefits, credentialed professionals may also qualify for certain financial benefits. Physicians' and lawyers' fees may qualify for insurance payments. Physicians, including psychiatrists, also qualify for national health insurance payments, such as Medicaid, for services they provide to their eligible patients. Psychologists and appropriately credentialed counselors also may qualify as mental health providers for insurance payments in some states. Credentialed school counselors have, on occasion, been qualified to receive special training grants to increase their qualifications. Because credentialing qualifies individuals for membership in professional organizations, they become eligible for the benefits such memberships provide (e.g., special training, publications, group insurance).

THE ROLE AND FUNCTION OF COUNSELORS IN SCHOOL SETTINGS

Currently, school accreditation agencies require the employment of counselors in public school settings. Additionally, the role and function of counselors in schools have been delineated by state departments of public instruction. As a result, schools are a popular source of employment for graduates of counseling preparation programs.

An Overview

All states require counselors to be certified to be employed in a public elementary, middle, or secondary school setting, but not all states mandate schools to have counseling programs. As of 2006, 27 states and the District of Columbia mandated the provision of guidance and counseling services in public elementary and/or secondary schools (Lum, 2006 p. 53). The District of Columbia and 23 states mandate the provision of guidance and counseling at all grade levels (Lum, 2006, p. 53). However, the major regional accrediting bodies do require secondary schools to have functioning and effective counseling programs. These bodies specify certain activities that are expected of programs in elementary, middle, and secondary schools. These activities may vary from accrediting agency to accrediting agency, although they do have a considerable degree of similarity basically reflecting the traditional role and functions of counselors in school settings. Recent descriptions of the school counselor's role and function are noted in the American School Counselor Association (ASCA, 2003a) national model (American School Counselor Association, 2003).

The ASCA National Model consists of four interrelated components: foundation, delivery system, management systems and accountability. The first component, foundation, dictates how the program is managed and delivered, which in turn, leads to the accountability of the program. The information gathered through the accountability process should refine and revise the foundation. Infused throughout the program are the qualities of leadership, advocacy and collaboration, which lead to systemic change.

ASCA's National Standards for Student Academic, Career and Personal/Social Development outline competencies that are the foundation for ASCA's National Model. Student competencies define the knowledge, attitudes or skills students should obtain or demonstrate as a result of participating in a school counseling program.

The variety in school settings, of course, will account for some differences in the ways counselors may carry out their roles. However, some common influences determine the role and function of counselors, regardless of the setting. The first of these is what might be called *professional constants*, or determinants, that indicate what is appropriate and not appropriate to the counselor's role, including guidelines and policy statements of professional organizations, licensing or certification limitations, accreditation guidelines and requirements, and the expectancies of professional training programs. In addition to these professional constants, personal factors inevitably influence role and function: the interest of the counselor, such as what he or she likes to do; what the counselor gets encouraged to do and is rewarded for doing by the school, community, or peers; what the counselor has resources to do; what the counselor perceives as the appropriate role and function for a given setting; how life in general is going for the counselor; and so on. The counselor's attitudes, values, and experiences both on and off the job can influence how he or she views the job.

Counselors and other professional helpers are recognizing more and more that traditional roles and delivery systems in human services may have imposed real limitations on their abilities to deal directly and effectively with clients' critical needs. We also note the current call for counselors and counseling programs to become increasingly active in preventive interventions and developmental guidance. Thus, as we further view the role and function of counselors, we are seeking to integrate for you not only those concepts that have proven themselves over the years but also current and promising directions that seem necessary for the counselor to remain a viable entity in the school setting.

How Counselors in Educational Settings Spend Their Time

During the 1996–1997 school year, the authors of this text conducted a role and function study of practicing counselors in school and nonschool settings. Participants in the study were randomly selected from the membership directory of the American Counseling Association and were asked to complete a survey form indicating the comparative amount of time (good amount, fair or average amount, little, or none) spent on 14 possible activities. Space was also provided to indicate additional activities. School respondents were summarized according to educational levels (i.e., elementary, middle or junior high, and secondary education). A numerical value was given to each of the time-spent categories (i.e., good amount = 3; fair or average amount = 2; little = 1; none = 0). Total scores were then tabulated for each activity, producing an unscientific but reasonably accurate indication of the rank order of time spent on various common activities that practicing counselors engage in for each of the specified settings. Table 3-2 presents results from counselors in elementary, middle/junior high school, and senior high school settings. These results indicate that individual counseling, guidance activities, consultation, and group counseling are major activities as measured by time commitments. Administrative and clerical responsibilities increase from elementary to senior high school.

In an earlier study, Hardesty and Dillard (1994) examined the tasks and functions counselors at different grade levels view as important. A total of 369 elementary, middle, and high school counselors were surveyed regarding their activities in schools. The authors found three major differences in the ranking of counselor activities by elementary

Table 3-2 How practicing school counselors spend their time.

Activity	Elementary	Middle/ Junior High	Senior High
Individual counseling	2.5	2	2
Organizing and conducting counseling groups	10	10.5	10.5
Classroom and other group guidance activities	4	6	10.5
Standardized test administration and interpretation	7	6	
Nonstandardized assessment (e.g., case studies, observation, information gathering interviews, questionnaires)	5	4	
Needs assessment (to determine priority needs of the target population)	9		
Consultation activities	.1		8
Providing career guidance and information		3	5
Providing educational guidance and information (including scholarships, college placement, student scheduling)		9	1
Prevention planning and implementation activities	2.5	8	4
Developmental activities	7	10.5	9
Administrative activities	6	1	3
Information dissemination, public communications, and public relations	8	5	7
Other			

Source: Based on a survey by Robert L. Gibson and Marianne H. Mitchell, 1997.

counselors compared with their middle and secondary school counterparts: (a) elementary counselors perform more consultative and coordination activities; (b) elementary counselors may perform fewer administrative activities (scheduling and paperwork); and (c) whereas secondary subjects and middle school counselors seem to work with student concerns on an individual basis, elementary school counselors seem to work systematically with families, teachers, and community agencies.

A study reported by Burnham and Jackson (2000) indicated that school counselors, in addition to the traditional activities of their role, spent on the average, 20% of their time in nonguidance duties in rank order as indicated in Tables 3-3 and 3-4.

The Elementary School Counselor

Elementary schools are a powerful socializing force in human development. For better or worse, virtually all members of modern society carry important imprints of their elementary

Table 3-3 Nonguidance duties (in rank order).

-
1. Requesting and receiving records
 2. Scheduling
 3. Permanent records
 4. Enrolling students
 5. Special education referrals and placement
 6. Record keeping
 7. Filing paperwork
 8. Withdrawing students
 9. Computer time, word processing, or typing
 10. Checking immunization records
 11. Grades and report cards
 12. Duplicating material
 13. Working with testing materials or test results
 14. Scholarship recommendations
 15. Telephone reception
 16. Office reception
 17. Nurse/medical coordinator
-

Source: Reprinted from "School Counselor Roles: Discrepancies Between Actual Practices and Existing Models," by Burnham, J. J., & Jackson, C. M. (2000). *Professional School Counselor*, 41(1), p. 45. © 2000. American Counseling Association. Reprinted by permission. No further reproduction authorized without written permission of the American Counseling Association.

Table 3-4 Nonguidance duties.

Duty	Number of Counselors with Duty	Percentage with Duty
Student Records	52 of 80	65
Scheduling	46 of 80	56
Transcripts	39 of 80	49
Office Sitting	35 of 80	44
Clubs and Organizations	32 of 80	40
Bus Duty	30 of 80	38
Attendance	22 of 80	28
Hall, Restroom, and Lunch Duty	21 of 80	26
Averaging Grades	16 of 80	20
Homeroom	10 of 80	13

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school experiences throughout their lives. In this setting the young pupil is expected to acquire basic mastery of increasingly difficult bodies of knowledge and to learn to meet the school's behavior and social expectancies. Failure to learn generates behavioral problems just as inappropriate behaviors and social skills handicap learning.

In the 1970s it had become increasingly evident that the developmental requirements of elementary-age youth were often neglected and even unrecognized, as indicated by the provision of guidance and counseling at all grade levels in 23 states and the District of Columbia (Lum, 2006, p. 53). We believe the trend to mandate elementary school counseling will continue as the public becomes increasingly aware of the vital role of the elementary school in primary prevention.

The characteristics of the elementary pupil and the elementary school dictate certain features in program organization that distinguish elementary school counseling programs from those in secondary schools and at other educational levels. Thus, the elementary school counselor's role and function will also reflect these differences. The differences, however, are not so much in what the elementary school counselors do, as in *how* they do it.

For example, counselors and other elementary school specialists must work closely and effectively with classroom teachers. Guidance activities, usually classroom oriented, are a major time consumer (see Table 3-5 for a rank ordering of elementary school counselor activities as indicated by counselors.) This context naturally leads to an emphasis on consultation and coordination. In addition to counseling, consulting, and coordination functions, the elementary school counselor has responsibilities for pupils' orientation, assessment, and career and other development needs, as well as the need to pay significant attention to the prevention of undesirable habits and behaviors.

Counselor

Although one-to-one counseling in the elementary school may take correspondingly less of the counselor's time than counseling at other levels, the counselor should be available to meet individually or in groups with children referred by teachers or parents or identified by

Table 3-5 Major functions of elementary school counselors.

Order	Function	Percentage Engaged In
1	Individual counseling	98.8
2	Group guidance and counseling	81.0
3	Working with parents	79.2
4	Consultation with teachers and administration	78.9
5	Classroom guidance instruction	65.5
6	Assessment activity	39.3
7	Coordination with community agencies	39.1

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the counselor or other helping professionals as in need of counseling. In addition, counselors in elementary schools can anticipate that individual pupils will come to counseling offices for assistance, advice, or support. Such current social issues as substance abuse, child abuse, divorce, and discrimination are a frequent basis for individual counseling in the elementary school.

Consultant

As a consultant, the counselor may confer directly with teachers, parents, administrators, and other helping professionals to help an identified third party, such as a student, in the school setting. In this role, the counselor helps others to assist the student-client in dealing more effectively with developmental or adjustment needs.

Coordinator

Elementary school counselors have a responsibility for the coordination of the various guidance activities in schools. Coordinating these with ongoing classroom and school activities is also desirable. As the only building-based helping professional, the elementary school counselor may be called on to coordinate the contributions of school psychologists, social workers, and others. Other coordination activities can include intraschool and interagency referrals.

Agent for Orientation

As a human development facilitator, the elementary school counselor recognizes the importance of the child's orientation to the goals and environment of the elementary school. It is important that the child's initial education experiences be positive ones. In this regard, the counselor may plan group activities and consult with teachers to help children learn and practice the relationship skills necessary in the school setting.

Agent of Assessment

The counselor in the elementary school can anticipate being called on to interpret and often gather both test and nontest data. To the counselor will also fall the task of putting these data into focus not only to see but to be able to interpret the child as a total being. Beyond the traditional data used for pupil understanding, the counselor should also understand the impact of culture, the sociology of the school, and other environmental influences on pupil behavior.

Career Developer

The importance of the elementary school years as a foundation for later significant decisions underscores the desirability of planned attention being given to the elementary pupil's career development. Although the responsibility for career education planning rests with classroom teachers, the elementary school counselor can make a major contribution as a coordinator and consultant in developing a continuous, sequential, and integrated program.

Agent of Prevention

In the elementary school, there are early warning signs of future problems for young children: learning difficulties, general moodiness (unhappiness, depression), and acting-out behaviors (fights, quarrels, disruptions, restlessness, impulsiveness, and obstinacy). An accumulation of evidence demonstrates that children who cannot adjust during their elementary school years are at high risk for a variety of later problems. Further, substance abuse, violence among peers, vandalism, problems associated with latchkey children, and so forth have increased among elementary school pupils raising additional concerns and public calls for preventive efforts.

A study (Gibson, 1989) of 96 elementary school programs recommended as “out-standing” by their state departments of public instruction indicated that prevention was a major program emphasis in 85% of these programs. Elementary school counselors are increasingly called on and challenged to develop programs that seek to anticipate, intervene in, and prevent the development of these problems. Table 3-6 ranks the emphasis of the programs in this 1989 study. (See Table 3-5 for a rank ordering of elementary school counselor activities as indicated by counselors.)

In our 1996–1997 role and function study, a survey of 224 elementary school counselors indicated that they spend their professional time engaged in the following activities, in order from most to least amount of time:

- Consultation with teachers, parents, and other educational personnel
- Prevention planning and implementation; individual counseling
- Classroom and other group guidance activities
- Nonstandardized assessment of pupils, such as case studies, observation, individual interview, and so forth

Table 3-6 Prevention objectives of elementary school counseling and guidance programs.

<i>Rank</i>	<i>Objective</i>	<i>Percentage</i>
1	To prevent abuse	69.7
2	To prevent substance abuse	64.9
3	To promote self-concept development	35.8
4	To promote personal safety	17.6
5	To promote social-skills development	15.0
6	To prevent teenage pregnancy	6.3
7	To prevent premature school leaving	4.4
8	To prevent school vandalism	2.1

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- Administrative duties, such as record keeping, reporting, and preparation of materials
- Developmental activities
- Information sharing and dissemination, and public communications and relations
- Needs assessment
- Organizing and conducting counseling groups

Other activities frequently noted were administration and/or interpretation of standardized tests; providing for educational guidance, such as study skills, assistance, and peer tutoring; and participation in orientation programs and various parental assistance groups. A few elementary school counselors reported their involvement in such nonprofessional activities as lunchroom monitoring, recess and playground duties, monitoring crossing guards, and school bus duties. The benefits of counseling programs in elementary schools are outlined in Table 3-7.

Table 3-7 Benefits of counseling programs in elementary schools.

<i>The Elementary School Exists to Provide</i>	<i>The Counseling Program in the Elementary School Can Contribute By</i>	<i>This Implies the Following:</i>
1. Foundations for learning and living	1. Providing classroom guidance to enhance learning and relate learning to preparation	1.1 Classroom guidance 1.2 Consultation with teachers and administrators
2. Transmission of our culture and historical heritage	2. Developing multicultural awareness: pride in our cultural diversity and respect for the uniqueness of all cultural/ethnic groups	2.1 Classroom guidance activities 2.2 Consultation with teachers and administrators 2.3 Group guidance and counseling
3. Development as a social-psychological being	3. Providing for the socialization (social development) of all children, including respect for self and others	3.1 Group guidance and counseling focusing on prevention, development, and remediation 3.2 Individual counseling 3.3 Consultation with parent
4. Preparation for citizenship	4. Providing for the development of each individual's human potential	4.1 Career development 4.2 Individual assessment 4.3 Talent and skill enhancement

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AN OVERVIEW OF THE ELEMENTARY SCHOOL COUNSELOR'S ROLE*

Children are scattered on the sidewalks, laughing, playing, crying, some hugging poles. It is early morning, and as I walk through the safety of the gate I am welcomed with a deluge of hugs from what seems like a thousand arms. In the distance there are faces with eyes eagerly waiting their turn for mine to acknowledge theirs.

The elementary school is a gloriously fulfilling environment for a school counselor. In my opinion the elementary school counselor is the ultimate human resource for hundreds of children. We are perceived by them as an adult who never judges or belittles them. We are their friend. Children depend on us to be loving, understanding, happy, always willing to help, incredibly flexible, and genuine. In essence we are our positions.

Truly, our jobs are energizing and rewarding. In the lives of many children, we are possibly the only positive force. Our presence in schools allows all children to experience feeling warm and fuzzy and accepted.

The multifarious position of an elementary school counselor begins as I enter the gate of the school yard. Following my regal entrance into the building, most often I am greeted by teachers who need consultation on discipline problems or to refer a child. They follow me inside. Once in my office, I can find paper and pencil to take necessary notes.

With all their needs met, I get ready for the parent conference that is scheduled next. Many parents work and are unable to come in after school, so they prefer early morning appointments. Teachers may or may not be included, depending on the issue.

This type of conference is intervention. When a problem or concern exists, the counselor intervenes, for example, by suggesting ways of modifying behavior or some other form of problem solving.

In addition to intervention, another major thrust is toward prevention. The purpose and underlying hope is to help children, early in their lives, to become problem solvers, to develop self-confidence, to become more responsible and thoroughly practice being the best they can be.

We incorporate prevention strategies primarily through classroom guidance activities. In my school, teachers are allowed to choose either the first period of the day or their period before lunch for classroom guidance.

It is now time to gather audiovisual equipment and scurry off to a classroom. Sometimes I pack a cassette player, puppets, posters, handout sheets, books, stickers, but always high energy and a smile. Also, the rule at my school is that, as the counselor walks by, it is not acceptable to get out of line to give hugs. They all raise their hand for a high-five as I walk by their line. This saves the teacher frustration from lining up again, and I am not late for my scheduled activity.

As I open the door and enter the classroom, there's clapping and happy glowing faces. The children are thrilled that I have come to be with them. The

teachers sit in the back of the room or at their desks. I invite the children to enter the world of affective education—feelings, thoughts, decision making, understanding who they are and how to be the best they can be. Through clever and outwardly unacademic techniques of teaching, whether it is musical or magical, the children gain understanding of themselves and life skills that will forever be useful to them. In addition, they are uplifted, excited, and eager to learn.

On my way back to the office, I am inevitably stopped by a teacher or two for a quick suggestion or a follow-up comment on a child they referred. Since I am often stopped on my way to or from a classroom, it is necessary to invite them to come to my office at their activity period or after school.

With a few minutes before my next scheduled activity, I stop in the attendance office to welcome any new students who have registered.

Next is a small-group counseling session consisting of children who have been referred for similar reasons. My group size is limited to six children. Guidelines for conducting group counseling are followed.

After group, there are phone calls to return to parents, district office personnel, the school psychologist, doctors, or other counselors.

Now it's time to administer a series of screening tests and counsel with individuals before leaving for the next classroom guidance presentation. If time permits I will join a class for lunch. It's always a treat for children when the counselor shares extra time.

After lunch, again there are phone calls to return and messages that need attention. It may be necessary to visit a classroom to do an observation or go to the rescue in an emergency situation. This time is also used for paperwork. On days when I make an abuse or neglect report to the Department of Social Services, three copies of the report must be made and sent to appropriate agencies. Afternoons also are scheduled for individual and small-group counseling.

After children leave for the day, typically there is a constant flow of teachers in the guidance office. This time is also used for parent-teacher conferences and assigning of children into programs for students with disabilities.

On days when the school psychologist is working in my school, I work closely with her as a liaison for teachers who have referred children for psychological testing. Teachers depend on the counselor to make accurate reports to the school psychologist related to the special needs of their children. It is often advisable to set up times for her to observe in these classrooms.

After testing and proper discussion of test results, we set up staffing dates and parent conferences to explain test scores and recommendations. I send letters of invitation to parents and teachers a week in advance of the meetings. Administrators are also included in these staffings.

By now, the school day has come to an end. I pack my school bag, exchange hugs, and say my good-byes. It could be an evening when I'm conducting a parenting class at school. If so, things at home are put into fast-forward so I can leave again for school. There are parents who are a little nervous yet eager to learn how

to better care for their children and relieved that other parents share their woes. Parenting groups are very supportive and encouraging ways to reach the children. Our jobs are made easier because of them.

Elementary school counselors are special, caring people who are dedicated to educating children in the affective domain. We help them become more self-confident, productive, and successful adults. Our day is ended with a feeling of accomplishment because of the constant feedback we get from children, parents, and teachers about the difference we make in the lives of people they care about. Elementary school counselors: every child deserves one!

*This description of a day in the life of an elementary school counselor was written by Sherry K. Basile, Ph.D., at that time, an elementary school counselor at Berkeley Elementary School, Monck's Corner, South Carolina. Dr. Basile is currently employed by Hendricks Regional Health (Indiana).

The Middle/Junior High School Counselor

Among the educational changes of the last quarter of the 20th century was a change in concept from junior high toward middle school. These changes have not been without their attending controversies, but the middle school in concept and function may not really be all that different from the more traditional junior high school. For example, many contend that the junior high school was originally conceived as an institution to meet the developmental and transitional needs of youth from puberty to adolescence, from elementary to secondary school. Early in the middle school movement, it was suggested that a rationale for the middle school concept was based on data indicating that modern youth reach physical, social, and intellectual maturity at a younger age than did previous generations and that the junior high school may no longer meet the developmental needs of these students.

Regardless of whether a school system adopts a middle school type of intermediate school or stays with the more traditional junior high school, it would appear that either institution will reflect such characteristics as providing for (a) the orientation and transitional needs and (b) the educational and social-developmental needs of their populations. In such a setting, middle or junior high school counselors will be actively involved in the following roles.

Student Orientation

This includes the initial orientation of students and their parents to the programs, policies, facilities, and counseling activities of a new school and, later, their pre-entry orientation to the high school they will attend.

Appraisal or Assessment Activities

In addition to typical school record and standardized test data, counselors may increasingly encourage the use of observation and other techniques to identify emerging traits of individual students during this critical development period.

Counseling

Both individual and group counseling should be used by school counselors at this level. In practice, it appears that middle and junior high school counselors tend to use group counseling more frequently than individual counseling.

Consultation

Counselors will provide consultation to faculty, parents, and, on occasion, school administrators regarding the developmental and adjustment needs of individual students. Counselors will also consult with other helping professionals in the school system.

Placement

Counselors are usually involved in course and curricular placement of pupils, not only within their own schools but also cooperatively with their counterparts in the feeder secondary schools.

Student Development

As one notes the role of the middle school, it is obviously important that student development be given specific attention by the school counselors, faculty, and other helping professionals (e.g., social workers, psychologists). This means understanding the developmental characteristics of this age group and the developmental tasks and planning programs that are appropriately responsive to their needs.

In our 1996–1997 survey, 71 middle and junior high school counselors reported that they spent their professional time involved in the following activities, in order from highest to lowest:

1. Administrative activities
2. Individual counseling
3. Providing career guidance assistance and materials
4. Student assessment using nonstandardized procedures
5. Dissemination of information regarding programs; public relations activities
6. Group guidance activities
7. Standardized test administration and/or interpretation
8. Planning and implementation of prevention activities
9. Providing educational guidance and information
10. Group counseling; developmental activities

A number of the responding counselors mentioned significant amounts of time spent in meetings, serving on committees, meetings with parents, and sponsoring student organizations.

While the important role of the middle school as a transitional educational institution between elementary and secondary schools is clearly recognized, the responsibilities of the middle school counselor continues to grow and expand. An idea of this expanded role may be gleaned from the description of the day's activities as experienced by a practicing middle school counselor.

AN OVERVIEW OF THE MIDDLE SCHOOL COUNSELOR'S ROLE*

Part of my joy as a middle school counselor is the endless variety that exists; part of my challenge is being not only prepared but flexible for that variety. There is rarely a "typical" day, but if there were, it would begin early with smiles for staff arriving early to prepare for a day with young adolescents. Leftover business from yesterday receives attention; a discussion with a teacher about the student who needs encouragement to keep working hard even though that test score was discouragingly low; a discussion about the student who needs extra support during difficult family changes; support for a teacher who seeks suggestions for motivating and connecting with a hard-to-reach young student; acknowledging the information from an administrator about a parent concern; and thank-yous to the secretaries for yesterday's assistance and wishing them an outstanding day.

At 7:45 A.M. the early bell announces the opening of the day. Students stream into the guidance office for appointment passes, to set a time to discuss a concern, to look for or turn in lost items, to make a phone call home to ask a parent to retrieve and deliver forgotten items. At this time of day, there are multiple reminders that these young adolescents can be quite forgetful and quite needy. A bit of extra attention brings open smiles and can set the student off to a positive day.

Shortly after the day begins, a new student and parent arrive to enroll. Following a meeting with the dean to register and go over all required documents, it is my turn to welcome the student and parent; find out about their likes, dislikes, and preferences; introduce them to the academic program they will experience; discuss elective options; devise a schedule; provide a tour (using a student assistant as ambassador, if available); and introduce them to one or more teachers. A typical orientation for a new student takes up about one hour. A very important role for me is to make the student feel welcome and important and to present an open and warm atmosphere for them.

Upon returning to the office, a quick check of phone calls and the daily schedule occurs. On tap for today are a meeting with one of the academic teams to discuss student needs and teacher concerns; a parent/team conference to consider the special needs for a particular student; a classroom presentation on career skills, appointments with students to follow up on academic progress reports. An important part of my focus is to assist in ensuring the success of all students. This occurs through individual sessions with students that touch on accountability, motivation and skill building, small group counseling, classroom guidance, consultation with parents, teachers, teaching teams, outside counselors, and administrators.

As the day moves forward, students frequently present themselves with a desire for assistance with a peer conflict, to talk about a family or personal concern, to question how to achieve in a given teacher's class, especially when the student believes the teacher does not like him or her. Phone calls and personal consultation

with the dean of students, the school nurse, and caseworkers from Child Protective Services fill the time between scheduled meetings, classroom visits, and student conferences. Informal visits with students occur during a lunch-duty supervision and chance meetings in the hallways during passing periods. Students respond well to “Hello” and being called by name when seen in the hallway. A school of 700+ can seem overwhelming for a young adolescent. Being known by adults helps make it seem less scary!

As students leave for the day, time is spent returning phone calls to parents and making phone calls to community members for assistance with career activities. Upcoming activities include our program “Catch Your Dream,” giving students and parents feedback from the Career Interest Inventory. Another of our programs is “Reality Store,” a collaborative effort with the local Business and Professional Women’s Association in which students experience a day in adult life. “Career Day” is when students hear a variety of career speakers. Organization of each of these activities requires many initial and follow-up phone calls, as well as meetings to finalize these important events.

Some days require other meetings: a community-wide “Care Teams” committee, districtwide K-12 Guidance Steering Committee, a district Pupil Services Network, middle school Parent Advisory Committee, Team Representative Committee, Remediation Committee, as well as faculty meetings. These meetings are all important to the functions of a middle school, as well as the effectiveness of the developmental counseling program.

In addition, my own professional development provides support for the energy required to be effective in my work. Attending professional conferences and meetings enhances my effectiveness as a middle school counselor. All that I do is underscored by an effort to positively support the success of all students. It is a privilege to be involved in this work.

*This description of a middle school counselor’s responsibilities was written by Rochelle House, a middle school counselor at Central Middle School in Columbus, Indiana.

The Secondary School Counselor

Although the role and function of the secondary school counselor have expanded over time, they are clearly the most traditional and most readily identified, even though they have been more frequently and seriously challenged than have those of elementary or collegiate counselors. However, despite these challenges, any drastic changes are unlikely. Although the emphasis and techniques will undoubtedly change, the role and function of the secondary school counselor will continue to be built around the traditional expectancies discussed in Chapter 2. These expectations are, for the most part, confirmed in one of our studies (see Table 3-2).

The 109 secondary school counselors who responded to our function and role survey (1996–1997) reported their involvement in the following activities in order from most to least involvement:

1. Providing educational guidance and information, including student scheduling, and college placement and scholarship information
2. Individual counseling
3. Administrative activities and record keeping
4. Prevention activities
5. Providing career guidance and assistance
6. Standardized test administration and/or interpretation.
7. Information dissemination, public communication, and human relations
8. Consultation activities
9. Student development activities
10. Group guidance; group counseling

As with their elementary and middle/junior high school counterparts, secondary school counselors were engaged in noncounseling activities. Prominent among these were hall duty and monitoring student lunchrooms. Some also indicated duties as substitute teachers. In a study of teacher opinions of secondary school counseling programs, Gibson (1989) reports that teachers view the most important functions of counselors as (a) providing individual counseling, (b) offering career planning assistance and information, (c) administering and interpreting standardized test results, and (d) assisting in college guidance and placement.

The roles and functions of the secondary school counselor are not dissimilar to those of counselors in the elementary and middle/junior high schools. The differences occur in how counselors in the secondary school discharge their roles and functions and in the various emphases appropriate to the secondary school setting. For example, the emphasis at the secondary school level shifts slightly from the preventive to the remedial in dealing with many common counseling concerns. Many of these issues are potentially serious life problems, such as addiction to drugs and alcohol, sexual concerns, and interpersonal relationship adjustments. Furthermore, less client emphasis is placed on preparing for decisions and more is placed on making decisions. These include immediate or impending career decisions or further education decisions, decisions relevant to relationships with the opposite sex and perhaps marriage, and decisions involved in developing personal values systems.

In addition to these different emphases in contrast to counseling needs at other educational levels, counselors anticipate more emphasis on consultation and on a broader understanding of the impact of environment on students' behavior; a shifting emphasis toward a closer relationship with the classroom teacher in the school environment, as opposed to the traditional "medical" model (in which the client in need comes to the office for a "prescription"); and, finally, a shift in emphasis from being reactive to becoming a proactive change agent in both the school and the community.

The secondary school is not only the largest but also the oldest employer of professionally trained counselors in schools. However, we are pleased to note that there is no stereotyping of the activities of secondary school counselors. The following description of a day in the life of a secondary school counselor may differ from the experiences of your secondary school counselor, but it is recognized that each secondary school has its own unique characteristics and each secondary school counselor's role and function reflect the uniqueness of their own institutions.

AN OVERVIEW OF THE SECONDARY SCHOOL COUNSELOR'S ROLE*

TYPICAL DAY'S ACTIVITIES OF A HIGH SCHOOL COUNSELOR

- Typically arrive at 7:00 A.M. and leave at 5:00 P.M.
- Host parent calls to explain her foreign student's broken elbow and premature return to Brazil.
- Coordinator of Career Academy calls to see whether student who was recommended for the special program and put on a waiting list last semester is still interested in participating.
- Student from Czech Republic discusses schedule change.
- Student from Germany adds two classes to his schedule for second semester; checked with teachers for approval.
- Senior brings in college application and wants school recommendation completed by tomorrow.
- Local employer calls for recommendation for a 1993 graduate who is seeking employment.
- Interpretation of PSAT/NMSQT test results to 200+ juniors and sophomores.
- Conference with former student's parent (her daughter graduated in 1979; currently her granddaughter is a freshman at NSHS) who is concerned with her granddaughter's well-being.
- Conference with a sophomore who is interested in participating in an international exchange program for his junior year.
- Conference with senior who needs help with college application.
- Phone call from senior parent re FAFSA form and Financial Aid Workshop.
- Conference with senior (returning from a semester of study in Japan at our sister city school) who will be returning for his eighth semester at North Side; also needed help with college applications.
- Conference with senior and Student Assistance Counselor re possible abuse by parent.
- Conference with parent (whose daughter graduated in 1993) and daughter's fiancé who wants to get GED certificate.
- Phone conversation with soccer coach who had borrowed a videotape of soccer game from one of our Spanish exchange students and had not returned it.
- Conference with female junior who is interested in hosting a Japanese girl.
- Phone conversation with former student (who was a peer facilitator and now a teacher at South Side High School) who is interested in starting such a program at his school and wanted some help in writing his proposal.
- Conference with Japanese businessman who brought me a present from parents of one of our exchange students.
- Conference with a journalism student who was writing an article on the FAFSA and financial aid.

- Chat with senior football player whom I had moved, at his request, from an Essentials of English class to an Academic English class, checking on his grades; currently earning a B+.
- Conference with sophomore soccer player to see whether his family would consider taking the Rotary Exchange student from Turkey for the second semester.
- Phone conversation with counselor from Educational Opportunity Center regarding one of our students.
- Phone conversation with probation officer downtown to discuss a student's being transported to North Side to take the SAT test.
- Appointment downtown with Media Services person in Fort Wayne Community School Channel 20 regarding production of a videotape about PUR-SUITS career development program (which I coordinate).
- Phone conversation with Educational Testing Service regarding providing test center for the PLUS Academic Abilities Assessment Program (for sixth graders).
- Conference with parent of junior dropout regarding plans to reenter school next semester.
- Area coordinator for Center for Cultural Interchange needs signature for student from Argentina who will enter North Side High School second semester.
- Phone conversation with Indiana University Admissions Office regarding appeal process for senior who was not admitted; followed up with letter confirming the telephone conversation.
- Phone conversation with mother of senior transfer student who is experiencing adjustment problems.
- Parent request for progress reports for student; advised secretary to prepare reports.
- Conference with teacher regarding need to find "shadowing" sites for Advanced Biology students.
- Phone conversation with tutor at Benet Learning Center regarding a student he is tutoring.
- Conversation with North Side graduate who is currently a professor at Earlham College.
- Conference with parent of sophomore regarding college opportunities for minority students.
- Discussion with athletic director regarding NCAA Clearinghouse for student athletes.
- Prepared memo for science and math teachers regarding National Engineers Week and the need to recommend seniors who are serious about pursuing a career in engineering.
- Senior interview (all counselors assist in interviewing each senior individually).
- Phone conversation with Purdue nutritionist who will teach the "Have a Healthy Baby" class.

- Case conference with student athlete, his mother, and a teacher to discuss inappropriate behavior and attitude.
- Conference with student regarding possibility of sexually transmitted disease; referral to Board of Health; appointment scheduled.
- Letter to mayor regarding nomination of student for Mayor's Youth Achievement Award.
- Letter and applications completed for Hoosier Girls state delegates and alternates.
- Meeting with two community consultants and Student Assistance Counselor regarding plans for conflict-management training-sessions.
- Conference with *Journal-Gazette* reporter regarding teens and "Sexuality in the 1990s."
- Phone conversation with two counselors in our feeder middle schools to arrange for home stays for 11 Japanese middle school students and one teacher.
- Financial Aid workshop, 7:00 to 9:00 P.M. with 96 parents participating.

This is a typical day!

ADDITIONAL RESPONSIBILITIES ON A REGULAR BASIS

Monthly Meetings

Faculty Advisory Committee (first Tuesday 2:45–4:00 P.M.)

Faculty meetings (first Thursday, during teachers-plan periods)

Family and Children's Service board meeting (third Thursday, 11:30 A.M.–1:00 P.M.); PR Committee meets second Tuesday for lunch

Sister Cities Committee (first Wednesday, 5:00–6:15 P.M.)

Integrated Guidance Program staff (first Thursday, 8:00–10:00 A.M.)

Curriculum and Instruction division (second Tuesday, 8:00–10:00 A.M.)

Other Meetings

North Side High School administrative staff and guidance staff each meet weekly for about 2 hours;

Performance Based Accreditation Steering Committee meets weekly at 7:00 A.M.; School Climate Committee (which I chair) meets weekly at either 7:00 A.M. or 2:45 P.M.

Peer facilitator training, 7:00 A.M. on Tuesday, Thursday, Friday

PURSUIITS (career development program) board meets quarterly; I serve as coordinator of this program, which is funded by a private foundation, currently serves all high schools in Allen County and 11 Fort Wayne Community Schools middle schools, and pilots a career development program for elementary schools.

Dave Hefner International Exchange Fund Board meets twice a year; I serve as president.

Indiana Counseling Association Foundation meets yearly; I serve as treasurer.

North Side Area Guidance Leadership Project (3-year project funded by the Lilly Endowment) core team meets quarterly; North Side High School CAIT (Child Advocacy/Inquiry Team) meets regularly.

- Regularly attend professional conferences and workshops as well as serve on various ad hoc committees (e.g., the State of Indiana GED study group)
- Supervise test center for the American College Testing, Scholastic Aptitude Testing, ASE Technician Test, PLUS, and U.S. Postal Service exams
- Prepare college applications/scholarship recommendations on an ongoing basis (usually after school and on weekends)
- Attend/supervise various fine arts programs, athletic events, dances, and other programs

*Ms. De Klocke, at the time a counselor at North Side High School in Fort Wayne, Indiana, lists her activities in a typical day as a high school counselor.

Counselors in Vocational Schools

The image and the significance of vocational education changed markedly in the 1970s. Once regarded as a dumping ground for the unwilling or unable student (with facilities usually appropriate to this image), vocational education programs have made a dramatic turnaround. Today they are some of the finest educational facilities in the country, attracting students at all ability levels and preparing them for jobs in demand. School counselors need to become aware of both the nature of vocational education programs and the opportunities available to those who complete them. Additionally, counselors in preparation need to recognize some differences in the role and function of the counselor in the vocational school. For example, some programs in vocational schools are terminal in the sense that no additional training is expected. Also, a number of programs may lead to apprenticeships. Programs such as those offering commercial and business course work may qualify students for entry into related programs in higher education.

Counselors in Higher Education

A wide variety of counseling services are available to students in programs of higher education across the United States and Canada. Some of the counselors providing these services function in specialized facilities, such as career centers and college admissions and placement offices. The majority of counselors, however, are employed in university counseling, mental health, or psychological service centers. These centers typically offer personal, academic, and vocational counseling, although group counseling has increased in popularity in recent years. Many of these centers are interdisciplinary in terms of staffing.

Some insight into anticipated responsibilities of counselors on college campuses may be provided by noting the CACREP standards for the training of college counselors. These standards suggest that college counselors will need preparation in (a) career counseling, (b) group work, (c) additional studies (e.g., academic assistance, promoting interpersonal relationships, leadership training, consultation, assessment, and referral).

A noticeable trend in the activities of college counseling center programs is their move to assist larger numbers of students on their campuses through such activities as outreach programs, special workshops, residence hall groups, and peer counseling. On some campuses, counselors are also becoming more active in consultation with their faculty peers, campus administrators, and leaders of student organizations.

Counseling Services in Community and Junior Colleges

The community and junior college has increased significantly in popularity in recent decades. Increasing numbers of students have been attracted to community and junior colleges as a way of easing the financial cost of a 4-year degree and the transition from high school to college. Counselors in these settings have assumed important roles in the educational, social, and emotional development of students attending these institutions. They are also called on to provide counseling services for student populations from diverse socioeconomic and cultural backgrounds and from varying levels of academic backgrounds and abilities. The challenges facing the counselor in these settings are immense and include the following:

- Academic motivation
- Development of adequate study skills
- Development of appropriate communications and human relationship skills
- Management of time and personal responsibilities
- Development of appropriate academic and personal goals and plans for implementing these
- Maintaining adequate mental and physical health

Counselors in junior and community colleges are often called on to provide services for stimulating the educational opportunities of individuals with learning disabilities. Such responsibilities would include not only the traditional personal counseling and individual guidance activities but also inclusion of special orientation programs, support groups, study skills courses, and career development activities. As we enter the 21st century, labor market predictions imply the significantly increasing importance of junior and community colleges. Many, perhaps the majority of individuals entering the workforce in the early generations of this century will experience three to seven distinctly different careers. The training and retraining for these different careers are predicted to be the responsibility of local community colleges. Further, as the nation becomes more dependent on new and developing technology, appropriate technical training programs, cooperative programs between area businesses and industries, and relevant training programs will further enhance the role of the community college. These developments will also emphasize the important role of counseling services in bringing together students and appropriate training programs. It is anticipated that vocational guidance and career counseling will become significant to both the individual and the institution in the achievement of personal and program goals.

TEACHER AND ADMINISTRATOR ROLES IN THE SCHOOL COUNSELING PROGRAM

The school administrator and the school counselor obviously have roles that distinguish their positions in the school setting. Additionally, each of these professionals is frequently engaged in activities that may appropriately be labeled the primary responsibility of the other. For example, school administrators frequently provide guidance to teachers as well as students and, certainly, every school counselor will verify that he or she has administrative responsibilities as part of the school counseling program.

The Classroom Teacher

Although it seems heresy to the counseling profession, it has been and could continue to be possible for schools to exist without the benefit of counselors. Many students possibly would not achieve their potential, solve their problems, or make appropriate decisions and plans, but nonetheless most of them would learn, progress, and be viewed as educated. It is also possible for schools to exist without the presence of an even more prominent staff member, the school principal. Although teachers would be even more overburdened with administrative responsibilities, and their teaching effectiveness would undoubtedly suffer, students would still be taught, learn (perhaps at a slower rate), graduate (even without the principal's handshake), and be viewed as educated.

Schools without teachers, however, cease to be schools. They become, instead, detention centers, social clubs, or temporary shelters, but they would not be schools, and any learning that would take place would be both incidental and accidental. It therefore becomes obvious, and has been since the beginning of schooling, that the teacher is the most important professional in the school setting. Teacher support and participation are crucial to any program that involves students. The school counseling program is no exception. Further, today's teachers feel that they should have responsibilities in the school counseling program beyond those performed in the classroom (Gibson, 1990). Gibson (1990) also notes that, notwithstanding changing roles and calls for new directions, it can be concluded that secondary school teachers continue to believe that counseling and guidance programs make positive contributions to the total programs of their schools. Interviews further confirmed that teachers have high respect for the skills and dedication of the counselors in their schools. This was especially noted in those schools in which counselors interacted with every teacher on a one-to-one basis at least once per semester (p. 254).

It is therefore important to examine the role and function of the classroom teacher in the counseling program, recognizing, of course, that differences may be anticipated at differing educational levels and in different educational settings.

Listener-Adviser

Most classroom teachers see their pupils every day, 5 days a week, for at least 45 minutes per day on the average of 180 school days per year, often for several years, all of which represents a staggering amount of contact time exceeded by no other adults except parents, and that exception does not always hold true. Inevitably, the teacher more than any other professional in the school setting is in the position to know the students best, to communicate

with them on an almost daily basis, and to establish a relationship based on mutual trust and respect. The teacher thus becomes the first line of contact between the student and the school counseling program, a contact in which the teacher will frequently be called on to serve in a listening/advising capacity.

Referral and Receiving Agent

The classroom teacher is the major source of student referrals to the school counselor. Because the counselor's daily personal contacts with students are necessarily limited, the counselor's personal awareness of students needing counseling is similarly limited. The counseling program must, therefore, depend on an alert faculty to ensure that students with counseling needs will not go unnoticed and uncounseled. School counselors need to encourage their teacher colleagues to actively search for these students, because much evidence exists to suggest that only the tip of the proverbial iceberg has been touched in efforts to identify all students with serious counseling needs.

Of course, simply identifying these students to a counselor may not be enough. In many instances, the teacher must orient and encourage the student to seek counselor assistance. Nor does the teacher's responsibility necessarily end when the student has entered a counseling relationship. The teacher may still be involved, if only in the role of supporting the student's continuation with the counseling process. Teachers may also anticipate a role as a receiving agent, not only for those students they have referred but also for others in their classes. In such situations, the teacher in a sense receives the counseled student back into the classroom environment and, it is hoped, supports and reinforces the outcome of the counseling. The importance of this reinforcer role cannot be overemphasized. Teachers can also play a valuable role as a member of study teams for pupils they refer.

Discoverer of Human Potential

Each year teachers are witness to a talent parade passing through their respective classes. Most teachers have the expertise to identify those who may have some special talents for their own particular career specialty. That expertise, multiplied across the many career specialties, represents a near army of talent scouts that should ensure that each student will have his or her talents and potentials identified and his or her development encouraged and assisted. This teacher role as a discoverer of human potential is significant in fulfilling not only a mission of the school counseling program but also in meeting the responsibility of education to the individual and to society.

Career Educator

Closely related to the foregoing is the teacher's central role in the school's career education program. Because career education is recognized as a part of students' total education, it is important also to recognize the classroom teacher's responsibility to integrate career education into teaching subject matter. Career education cannot succeed without career guidance and vice versa. The success of the career guidance program is tied to the success of the career education program, a success that rests largely with the classroom teacher.

The career education responsibilities of the teacher include developing positive attitudes and respect for all honest work, a challenging responsibility in view of the many

adult-imposed biases with which the student is constantly confronted. Additionally, the teacher must promote the parallel development of positive student attitudes toward education and its relationship to career preparation and decision making. Students must also have the opportunity to examine and test concepts, skills, and roles and develop values appropriate to their future career planning. The security of the classroom group provides an ideal setting for these experiences.

Human Relations Facilitator

The potential for success of any school counseling program depends to a considerable degree upon the climate of the school, an environment that should be conducive to the development and practice of positive human relations. The influence of the classroom teacher on that environment is dominant, as ably expressed by Haim Ginott:

I have come to the frightening conclusion
I am the decisive element in the classroom
It is my personal approach that creates the climate
It is my daily mood that makes the weather
As a teacher I possess tremendous power to make a child's life miserable or joyous
I can humiliate or humor, hurt or heal
(In all situations it is my response that decides whether a crisis will be escalated or de-escalated,
and a child humanized or dehumanized. (cited in Gross & Gross, 1974, p. 39)

Among the research emphasizing the importance of a favorable classroom and school environment for learning is that reported in Benjamin Bloom's book *Human Characteristics and School Learning* (1976). Bloom suggests that it is possible for 95% of students to learn all that a school has to teach at or near the same achievement level. His research indicates that most students will be very similar in both learning and their motivation to learn when they are provided the favorable conditions or environment for learning. His research also demonstrates that when the environment in the classroom is unfavorable, differences occur that widen the gap between high and low achievers. In this role as a human relations facilitator, the classroom teacher has the opportunity to be a model to demonstrate positive human relations. The teaching and practicing of these skills should occur as a regular procedure in the classroom as the teacher plans and directs group interactions that promise positive human relationship experiences for each individual participant.

Counseling Program Supporter

Someone once said, "Counselors are the most human of all humans." Be that as it may, counselors, like all humans, need and respond to the encouragement and support of their fellow beings. Therefore, a significant contribution that the classroom teacher can make to the school counseling program is one of counselor encouragement and support and the creation of a motivating environment. Support can be especially influential in determining how pupils view and use the services of the school's counseling program. Teachers' reactions also do not go unnoticed by school administrators and supervisors. Of course, evidence of teacher support for counseling ideally should extend to parents and others in the community.

Despite the importance of the classroom teacher in any school counseling program at any educational level, evidence indicates that, in far too many settings, the classroom teacher is still only incidentally involved in the program. Many classroom teachers may feel uncertain about the goals of their school programs and may lack communication and involvement in school counseling programs. In such situations, the student is the real loser, and both the counselor and the teacher must share the blame.

Because the school counseling program is the responsibility of counselors, they must initiate communications and interaction with their teaching faculties; they must actively pursue teachers' involvement and assistance; and they must exemplify their claim to human relations expertise.

Our earlier studies of teachers' opinions of school counseling programs indicated that in many instances teachers were not fully informed of counselor activities. In more recent interviews of ours, it has become evident that school counselors have been active in informing the educational faculty and administration, as well as parents and various publics, of their activities and program goals. Obviously, it is important that school counselors communicate the goals of their counseling programs and how they are seeking to achieve those goals.

Of course, not all teachers will or can be "all things," as suggested in this section. Most can and will accept many of the roles, however. These role opportunities also can be enhanced by preparing teachers to recognize, accept, and enjoy their roles in the school counseling program. Unfortunately, most teachers do not seek and are not required to take coursework in counseling and guidance and, therefore, are limited in realizing their full potential as team members.

The Chief School Administrator

Whether a building principal or a university president, the chief on-site administrator is potentially (and usually) the most important person in the development of any educational program in his or her respective setting. Most staff members of schools (including principals and college presidents) think of chief administrators in terms of their power, that is, in terms of what the chief administrators permit and do not permit them to do. Previous studies (Gibson, Mitchell, Higgins, 1983) have noted that administrative support was ranked in the highest-priority category in the establishment and development of school counseling programs. These studies emphasize the significant role the school principal and other educational leadership can and should play in any program of counseling within their jurisdictions. This role may be appropriately expressed through leadership, consultation, advice, and resource support. Some of the characteristics of these activities are described next.

Program Leader and Supporter

The leadership behavior of the school principal on behalf of the school counseling program is a major determinant of the program's prospects for success. Because school administrators represent the educational leadership in both the school and the community, they have the responsibility of giving clear, open, and recognized support for the school program. This will include responsibilities for communicating program characteristics, achievements, and needs to school boards and others within the educational system and to the tax-supporting public.

Program Consultant and Adviser

The chief school administrator has the best overview of all activities and planning within the institution. This position enables the chief administrator to make a valuable contribution to the school counseling program as adviser and consultant on school needs that can be served by the school program, school policies that affect counseling program functioning, resolution of problems encountered by the program, and procedures or directions for program development and improvement.

Resource Provider

Chief school administrators are usually responsible for the institution's budget and its makeup and utilization. In this role, they provide advice and direction to all school programs regarding budget expectations, staffing possibilities, facilities, and equipment. They also may be aware of possible external resources such as state or federal funding, which the school counseling program may wish to explore.

THE COUNSELOR AND RELATIONSHIPS WITH OTHER HELPING PROFESSIONS

One of the school counselor's important roles is as a team member. Unlike the gifted athlete who may have to limit membership to one team, the counselor may play on several teams. One of the most important and logical of these is the helping professions team. This team typically includes the school psychologist, social worker, speech and hearing specialists, and health personnel. To work effectively with each other, members must understand the expertise and responsibilities of their fellow team members and how they support each other. This is not always easy because their roles often seem to overlap, especially at the elementary school level. The Education for All Handicapped Children's Act of 1975 had a consistent influence in the early determination of the role of elementary school personnel. More recently, No Child Left Behind (2001) has impacted the activities of all elementary school personnel, including the elementary school counselor. Unfortunately, most training programs do little in the way of interdisciplinary planning or training. Therefore, it becomes the responsibility of the school counselor and other helping professionals to initiate and develop positive, cooperative working relationships consistent with the team concept.

The School Psychologist

Charvat reported in March 2005 that 37,893 school psychologists were credentialed in the 50 U.S. states and the District of Columbia. Charvat (2005, March) also reported that the number of school psychologists providing services in public schools is estimated to be 29,367. In these settings they assist classroom teachers, parents, and other school personnel, including counselors, in developing classroom management strategies, assisting students who are disabled or gifted, and in general improving overall teaching and learning strategies. School psychologists give special attention to learning and behavioral problems. They also administer and interpret the results of standardized assessment instruments to teachers, parents, and others. The training programs that prepare these psychologists emphasize psychological and educational foundations with special attention to measurement and

evaluation. Students in programs preparing school psychologists are further instructed in the application of these foundations to the behavioral, social, and academic problems that students experience in schools.

In recent generations, state and federal laws that mandated educational services for students with disabilities contributed to a significant increase in the number of school psychologists. These laws also resulted in a dramatic growth in special education and emphasized the role of the school psychologist in evaluating students to determine their eligibility for special education services. Federal laws, including the Individuals with Disabilities Education Act (IDEA), mandate that the role of the school psychologist includes assessment, consultation, and provision of services to students with disabilities and also their families.

School psychologists traditionally have been trained in the medical model for conceptualizing and providing their professional services. In practice, this means assessing, diagnosing, and treating the internal pathologies of their clients. However, in recent years many in the field of school psychology have felt that, although relevant, this model is too restrictive in scope, as many problems must be looked at in the context of a multilayered, proximal–distal, and interactive system. This means considering individual differences, educational contexts, environments, family, and community variables.

As the focus in special education and other remedial education programs switched during the 1980s from eligibility and identification to intervention and prevention for students with mild disabilities and others at risk for school failure, school psychologists became increasingly involved in intervention and remediation programs for all students. The school psychologists' skill with individual assessment tools including measures of cognitive ability; academic achievement; and behavioral, personality, or adaptive behavior are often used to meet specific student needs and deliver possible intervention alternatives. Increasingly, these assessment skills are expanding beyond individual test administration to include interviewing, observation, and alternative techniques such as curriculum-based assessment.

Because the school psychologist is heavily trained in the use of clinical tools such as those that measure the mental and personality characteristics of the individual, counselors may often find it desirable to refer students to the school psychologist for clinical diagnosis, and the school psychologist will often identify, through his or her diagnostic evaluations, pupils in need of counseling.

School counselors will often work directly with school psychologists in providing psychological and support services to students with disabilities, families, and classroom teachers working with these students. Thus, school counselors and school psychologists will frequently collaborate on building-based and student support teams that consult with teachers and parents and provide direct services to students with academic and/or behavioral problems in school. (Nancy Waldron, Ph.D., Associate Professor, University of Florida, 1999, personal communication)

The School Social Worker

Social workers are trained to assist people, including all youth of school age, to deal effectively with their problems and concerns. These may include environmental adjustments, personal relationships, and personal and family problems.

The school social worker provides helping services for those children who are unable to make proper use of their educational opportunities and who find it difficult to function effectively in the school environment. In this role, the social worker is a referral source for children who appear to have emotional or social problems that are handicapping their learning and social adjustment to school. The school social worker has special interviewing and casework skills that are used within a school-child-parent context. The school social worker works closely with community agencies and nonschool professional helpers, such as physicians, lawyers, and ministers.

The school social worker is an important member of the school services team. Counselors and other helping professionals may depend on the social worker to provide better understanding of the child, especially in regard to the home environment and the nature of the pupil's behavioral problems.

The Special Educator

In 1975 the Education for All Handicapped Children Act (Public Law 94-142) was signed into law. This law's intent was to provide normal and integrated educational opportunities for children with disabilities. A major impact of the act, stemming from the desire to educate the student in the least restrictive environment, was the mainstreaming of most students with disabilities into regular classrooms. The regular classroom teacher was also made responsible for the progress of such students in his or her classroom, and the law forbade any categorical labels (e.g., emotionally disturbed, retarded). Other aspects of the law provided for due process or the equal protection of the rights of people with disabilities and individualized programs designed to maximize the potential of each student.

One outcome of these provisions has been the addition of the special educator to the school's helping services team. Obviously, the school counselor has special skills in terms of assessment and placement, individual counseling, group guidance, and career assistance that can help this population. Consulting with parents can also be helpful. In all of these aspects the school counselor will work closely with the special educator and others concerned with maximizing the educational opportunities for these students.

School Health Personnel

Most school systems employ professional health services personnel, at least on a part-time basis. Most common are the school nurse and the dental hygienist; a number of school systems also employ school physicians. Your personal recall of these helping professionals may consist of memories of immunization shots, opening your mouth to say "Aah," the taste of the tongue depressor, and the admonition of the dental hygienist when she discovered you weren't brushing regularly. Such recalls are fairly characteristic of the role of these providers of basic, preventive health services for all schoolchildren. These professionals also identify children who need special medical treatment and make referrals for such. In addition, counselors will find these medical specialists a resource for determining whether or to what extent physical ailments or defects are an obstacle to a student's anticipated development or adjustment and for making appropriate referrals. These personnel are usually responsible for covering a number of schools, rather than a single institution. As they visit different schools, they tend to treat a wide variety of health problems. Most common among these are medication problems in schools where students are not allowed to carry

any medications to school with them; emergency and first-aid assistance; digestive problems; and relatively simple discomforts such as headaches, stomachaches, and skin rashes. Most school systems also conduct vision screenings, hearing tests, dental examinations, and vaccination screenings. Medical personnel will usually follow up on teacher reports of child abuse, substance abuse, suicidal students, and teen pregnancies.

Psychiatrists

Psychiatrists are physicians with specialized training in the treatment of behavioral abnormalities. As physicians, psychiatrists are permitted by law to use drugs and other physical means of treatment for mental problems. Counselors often suggest to parents that they refer their son or daughter to a psychiatrist if it is suspected that the child may have an emotional disturbance requiring the use of medication. Many psychiatrists also perform an important consultative role to other mental health professionals.

The functions of school counselors, school psychologists, and school social workers often overlap, especially in the elementary school. While each of these are unique professions, in many situations who does what has not been clearly specified. It is ironic that in some settings these helping professionals, rather than helping, seem to be more concerned with what might be called issues of turf. Obviously, helping teams emphasizing cooperation and meeting the needs of students should be the goal of these professionals.

PATTERNS OF COUNSELING PROGRAM ORGANIZATION IN EDUCATIONAL SETTINGS

We noted previously in this chapter that school counseling programs must reflect the differences in their populations and settings; therefore, it is appropriate to assume that these differences will also result in differing organizational structures for programs. Consequently, it must be recognized that many successful yet differing patterns of program organization are available for all educational levels. Furthermore, these structures differ according to the educational levels (elementary, middle, secondary, or higher education) they serve. This section attempts to briefly illustrate only a few of the most traditional and popular program formats.

Counseling In Elementary Schools

As we noted in the discussions of the historical development of guidance in U.S. education, counseling programs are continuing to develop rapidly in elementary schools. A wide variety of organizational formats has emerged among elementary school counseling programs; rather than attempting to present the most desirable organizational form, we examine some of the possible considerations.

In determining appropriate approaches to program organization and development for elementary school, elementary educators have of course considered the characteristics and goals of the elementary school, especially those that highlight the special role of the elementary school as an educational institution. These include orienting elementary

schoolchildren to the educational environment and providing them with the basic educational–developmental experiences essential for their future growth, as well as the following:

- Most elementary schools are centered around the homeroom teacher. The elementary pupil is in a self-contained classroom with one teacher for most of the day, and the pupil is with this teacher for at least one academic year. As a result, pupil and teacher get to know each other better in the elementary school than in schools at higher levels.
- Emphasis is on learning through activity. Physical activity and exercises related to learning are characteristic of the elementary school.
- The elementary school pupil is a member of a reasonably stable group. Although some school populations are relatively transient, it is not uncommon for a child to be with the same group of fellow pupils for most of each school year and, in many elementary school situations, with many of the same children throughout all the elementary school years.
- Elementary schools are usually smaller and less complex than secondary schools.
- Parental interest and involvement are generally greatest at the elementary school level.

Further reflected in the educational approach and structure of the elementary school are the characteristics of the elementary schoolchildren. Anyone who has ever set foot in an elementary school knows that there is no typical elementary school pupil. Parents and teachers who interact with these children on a daily basis can further testify to the difficulties of characterizing this age group. It is therefore appropriate to suggest that the common characteristic all elementary youths share is that no two are alike. Despite this, it is not inappropriate to briefly note some broadly recognized needs and characteristics of this youthful population, even though there have been and will continue to be innumerable studies made and volumes written about the needs of children.

As a basis for guidance in the elementary school, we will view these needs from two standpoints: (a) basic needs that continuously demand satisfaction and (b) developmental needs that must be met during different life stages.

People's basic needs have been presented by Maslow (1970) in a hierarchy or priority ordering of needs in which the higher-order needs will emerge only when the lower-order needs have been fairly well satisfied. Maslow points out that the best way to repress the higher motivation of humankind is to keep individuals chronically hungry, insecure, or unloved. According to Maslow's theory, as the teacher and counselor view the elementary pupil and his or her ability to become self-actualized and to develop potential, the teacher or counselor must be concerned with the degree to which the pupil's lower-order needs are being met.

The developmental needs of humankind, according to his life stage, have been well presented by Havighurst (1953) in his popular "developmental tasks." Counselors and teachers in the elementary school should still take note of the following developmental tasks for middle childhood:

1. Learning physical skills necessary for ordinary games
2. Building wholesome attitudes toward oneself as a growing organism

3. Learning to get along with age mates
4. Learning an appropriate masculine or feminine social role
5. Developing fundamental skills in reading, writing, and calculating
6. Developing concepts necessary for everyday living
7. Developing conscience, morality, and a scale of values
8. Achieving personal independence
9. Developing attitudes toward social groups and institutions

The presentations of Maslow and Havighurst stress both the personal and the cultural nature of the needs of children as they grow and develop. A developmental task is also implied for educational programs: the task of providing learning experiences appropriate to the needs, both basic and developmental, of the elementary school student.

In addition to the needs of children, plans for counseling in the elementary school should take into consideration the following characteristics of the student:

- The elementary school student is experiencing continuous growth, development, and change.
- The elementary school student is constantly integrating experiences.
- The elementary school student is relatively limited in the ability to verbalize.
- The reasoning powers of the elementary school pupil are not fully developed.
- The ability of the elementary school pupil to concentrate over long periods of time is limited.
- The enthusiasm and interest of the elementary school pupil can be easily aroused.
- The decisions and goals of the elementary school pupil serve immediate purposes; he or she does not yet make long-range plans.
- The elementary school pupil displays feelings more or less openly.

The implications of these characteristics and needs for programs of counseling in the elementary school must be reflected in both counseling program structure and counselor role and function.

On the basis of these identifiable features of the elementary school and the characteristics and needs of elementary school students, any successful program in the elementary school that focuses on the student must have not only the approval of but also significant involvement of the faculty. It must be teacher centered. Furthermore, close and frequent contact with parents must be anticipated, especially in grades K–3. Any program that relies too heavily on “talking at” the elementary school student, even when supplemented with films and other media or material aids, is doomed to failure. The elementary school is activity oriented, and the counseling program in this setting must act accordingly. The elementary school years are noted as developmental years. The elementary school guidance program must therefore respond with a developmental rather than a remedial emphasis that suggests, for example, less individual adjustment counseling and more developmental group guidance activities.

Counseling In Secondary Schools

Since their early, sometimes timorous, and sometimes tenuous beginnings in the 20 years after Parsons, through their experimental growth years of the 1930s and 1940s, and into the boom years of the 1950s and 1960s, school counseling and guidance programs have

been almost the exclusive property of high schools in the United States. Although different influences and emphases in both the secondary school and the counseling and guidance movement have often altered concepts of program structure and function, the movement maintained a steady growth in both numbers and professionalization through the last half of the 20th century and developed recognizable images of program structure, role, and function. These, however, may also be more readily understood with a renewed acquaintance with the characteristics of the secondary school, so well eulogized in the classic publication *Is There Life After High School?* (Keyes, 1976), and with the high school student as well.

Although *adolescence* is identified as that period between puberty and adulthood, nothing defies standard definition or description more than adolescents. They are as varied, unpredictable, and uncontrollable as their peer group permits. They give meaning to the expression *generation gap*, of which many adolescents are proud and, before it's over, for which many adults are thankful. Most persons view their adolescent years as different from those of today. They probably were, for adolescents today not only exhibit a wide variation in individual characteristics, but the group characteristics also seem to change rapidly from generation to generation. As an extreme example, many may recall that some of their grandparents seemed to go directly from childhood to work and adulthood. They completed their 8 to 10 years of schooling and went to work. Today, some youths stretch their adolescence into their 20s, resisting growing up or accepting responsibility and rejecting independence. For all who are concerned with youth during these magical years, for those who may hope to ease their passage, it is important to recognize some of the characteristics of adolescence:

- It is a period of continuous physical growth, not the least of which is the awakening of sexual impulses. Girls discover boys, and boys discover girls who discover boys. Puppy love becomes a serious crush that becomes undying love (at least for the moment).
- It is a period of movement toward maturity with all its implications for independence, responsibility, and self-discipline—a period often very trying to parents who want to keep little Sasha tied to her mother's apron strings or Johnnie still passing the football to old "butterfingers" Dad.
- Reveling in their newly acquired independence and the discovery of their rapidly developing abilities to reason and hypothesize, many adolescents exaggerate their ability to solve the problems of the world and those that are personal for them. At the same time, many become critical of adult solutions to social problems, lifestyles, and values but deny that adults are in a position to evaluate life among adolescents.
- Furthermore, with the acquisition of the privileges of adulthood independence, responsibility, and self direction, a movement from childish to adult forms of expression, reaction, and behavior takes place. For better or worse, adult behavior is mimicked and often exaggerated.
- Self-selected (not adult imposed) peer group memberships are important to the adolescent. The peer group becomes the center of most significant social recreational activities and, in the eyes of many parents (and many authorities

as well), an initial sex education “program.” Also, while demanding their independence from parents and other adult controls, adolescents in turn may surrender much of their independence and individuality to peer group conformity.

- It is a period when teenagers seek direction, a set of values, and a personal identity. The latter demands treatment as an individual: a demand that the home and the school often appear to overlook. In the quest for this new identity, the adolescent encounters, with peers, many of the common problems of this journey. Although a multitude of studies have investigated the priority concerns of youths, most of these tend to be outdated immediately after their publication. Recognizing this limitation, we use three categories to classify a consensus of common adolescent problems from current studies:
 - a. *Developing as a social being.* This includes problems of one-to-one personal relationships, particularly dating, love, sex, and marriage. It also involves group living and acceptance and, in general, the development of human relationship skills.
 - b. *Developing as a unique being.* Adolescents are concerned with the development and recognition of the uniqueness of individuals. It is a time when they are seeking to develop their own value systems and often find they face value conflicts. Anxieties are often created as a result of constant demands to measure up made by evaluative testing and other appraisal techniques that appear to standardize them. They are also concerned when they fail to gain parental or other support for their new individual selves.
 - c. *Developing as a productive being.* In this regard, youths are concerned with their educational adjustments and achievements, their career decisions, future educational directions, impending financial needs, and employment prospects. Many become concerned because school is not providing them with a marketable skill. Others feel that staying in school is delaying their earning a living.

We also note some of the significant characteristics of the secondary school. Although many exceptions apply to any attempt to characterize schools at any level, the following are generally appropriate for many secondary schools in the United States and Canada:

- Secondary schools are generally large, complex institutions populated by a heterogeneous student body. The size and complexity of the secondary school have implications for both counseling program development and program activities. Because the larger student bodies tend to be more heterogeneous, often representing many cultural minority groups, the identification of these groups and the response to their needs can represent a major challenge to the program.
- Secondary school faculties represent a variety of academic specialties. The secondary school faculty member tends to concentrate on a particular subject area. As a result, the secondary school faculty represents a variety

of specializations, which provides a reservoir of resources that the school counseling program may use in the career, educational, and personal social development of students.

- Secondary school years are important decision-making years for the individual student. During secondary schooling, each student is usually confronted with at least two lifetime-influencing decisions. The first is whether to complete secondary schooling. Various dropout studies indicate that approximately one third of high school youth make the decision to leave school before finishing their secondary school programs. Secondly, many students make important decisions regarding careers or choice of college. The wide variety of course offerings and activities available in most secondary schools prompts a nearly continuous series of minor decisions for the students too. They may also be confronted with significant personal decisions regarding sex and marriage; use of tobacco, alcohol and drugs; and friends and friendship.
- Secondary schools are subject matter oriented. Schedules and classes tend to be formal and rigidly organized in them, with considerable emphasis on academic standards, homework, and grades (rather than personal growth). Emphasis on standardized test achievements and school discipline can be expected. The homeroom that many students have experienced in the elementary school years ceases to exist in most high schools, except as an administrative checkpoint. As a result, at a time when students are accelerating their development as social beings, the secondary school structure often tends to inhibit this growth and development by placing students in a series of formal, academically oriented subject-matter class experiences. At the same time, many schools fail to provide students with an organized scheduled group (such as homeroom) where they might develop social skills and attitudes. This suggests a challenge to the subject-matter teacher and the counselor to work cooperatively to incorporate social development experiences into the academic program.
- School spirit, or *esprit de corps*, is usually more evident in secondary schools than in any other educational institution. This school spirit is usually reflected in the quest for winning athletic teams, championship bands, and other public indications of excellence. Often the competition among students for participation in significant school events is keen. Social divisions may often arise between those who have made it and those who have not in terms of these activities. On the positive side, however, school spirit in competitive activities can often be a potential factor in motivating students to remain in school—making them seek higher academic achievements—and promoting pride in the school. Recently, frequent suggestions and efforts have been made to increase the visibility of academic competition.
- The school principal is the single most influential person in the secondary school setting. Decisions, policy development, and practices all emanate or are subject to the approval of the school principal. Unlike the elementary school principal, the secondary principal is frequently assisted by several assistant principals, supervisors, department heads, and specialty chairs. In addition, probably no other person is so significant in establishing the tone or atmosphere of the school and its inhabitants.

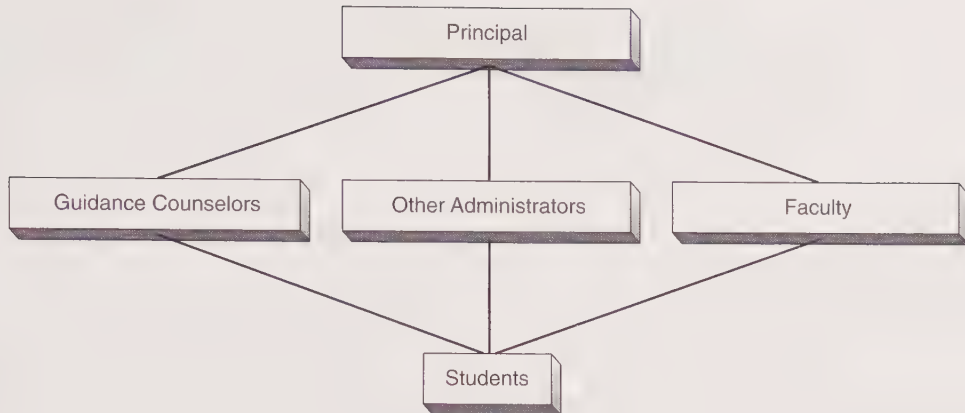


Figure 3-1 Guidance counselor (generalist) model.

Although the adolescent and the adolescent's school share many characteristics in common, wide variations also prevail between them. Counseling programs in secondary schools seem to reflect these ambivalences as counselors engage in many of the same basic activities but within a variety of organizational structures. Figures 3-1 and 3-2 present two of the more traditional organizational models of school counseling programs. Bigger schools in larger school systems may have resource specialists and specialized services (computer and data processing, test scoring) available in the administrative offices of the school system. These resources are available to supplement the efforts of

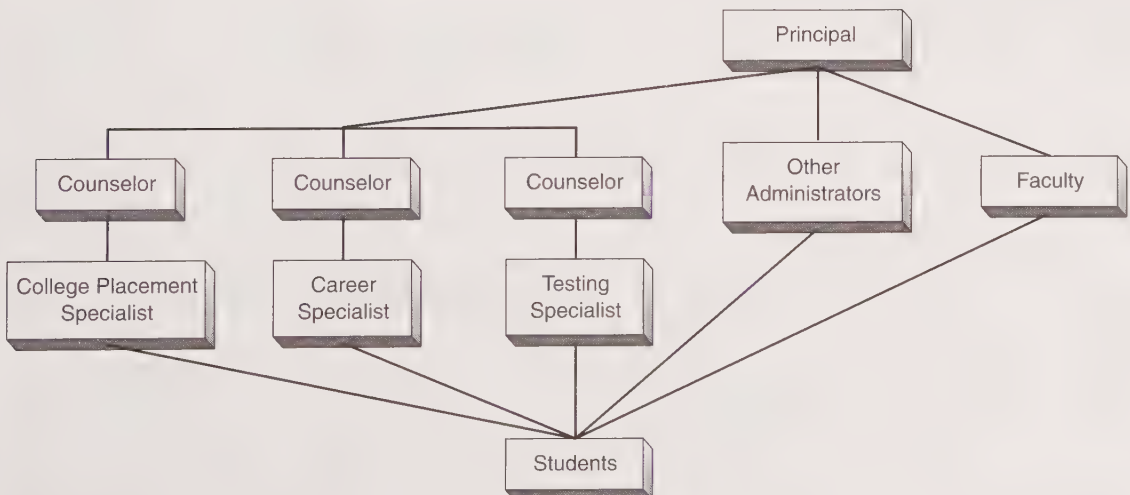


Figure 3-2 Guidance counselor (specialist) model.

the local building counselors. Small schools may often have to share counseling and other specialized personnel. These personnel may operate out of the central administrative offices of the school system and be available on certain days to each school that shares their assignment.

COUNSELING IN INSTITUTIONS OF HIGHER EDUCATION

Although the popular view from the ivory tower seems to most frequently focus on the football stadium, the attractive students, and sometimes (but rarely) the distinguished professor, a serious look at most college and university campuses confirms the existence of counselors and programs of counseling and other student services or student development, as it is now called. These programs are as unusual or as traditional as the institutions they represent. The burgeoning junior and community college movement appears to be developing programs that often suggest an open marriage between elements of secondary school counseling programs and traditional university student personnel services programs. Four-year colleges and universities maintain, although often with interesting innovations, programs based on traditional student personnel services models—programs in which counseling services are frequently provided through campus counseling centers or clinics, residential counselors, and career counseling offices. Today, the field continues to grow.

Figure 3-3 illustrates an organizational chart for a four-year college with counseling services provided as part of the student services of the college or university. Figure 3-4 displays counseling services as a unit of a large university program.

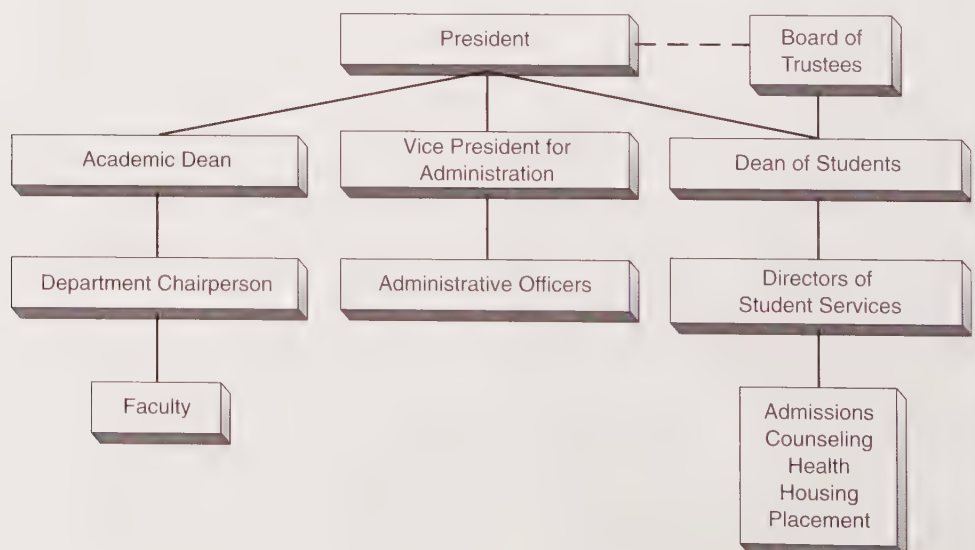


Figure 3-3 Organization chart for a four-year college.

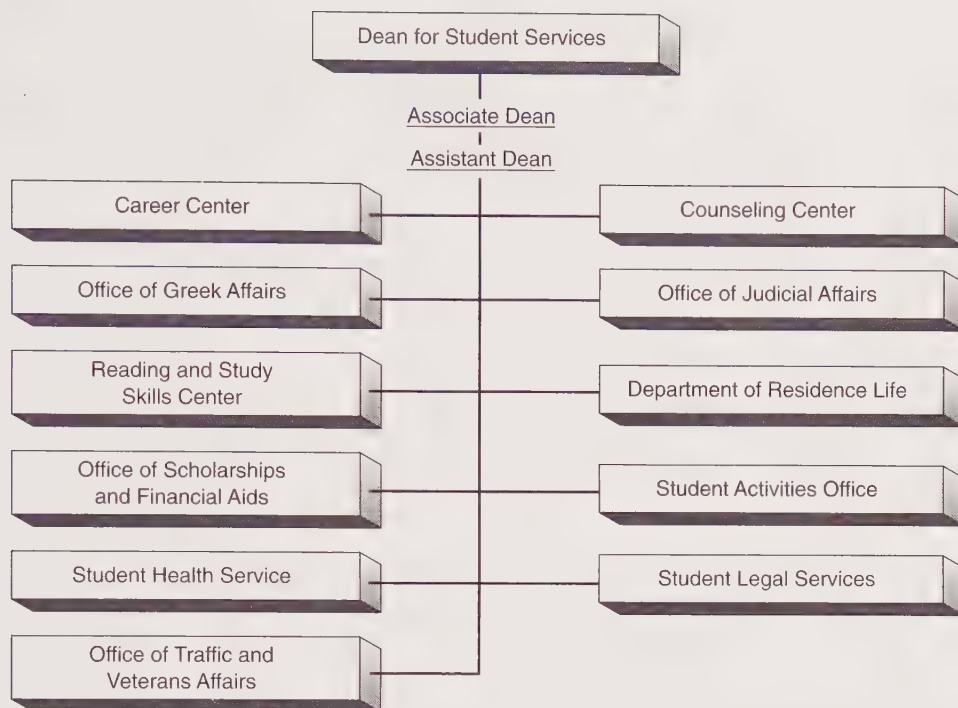


Figure 3-4 Organization chart for student services division in a large university.

THE ECOLOGY OF THE SCHOOL

Environment, or ecology, is important in our lives. We select vacation spots because of their beauty and/or climate; we decide where we want to build our homes based on the reputations of nice, quiet neighborhoods; flowers are planted and landscaping is done at our place of employment; all are examples of our recognizing the importance and impact of environments on our lives.

In discussing the ecology of the school, we are, in fact, examining the climate of the school, its environment. Ecological psychology has, since the early pronouncements of Kurt Lewin (1936), stressed the importance of the environment on individual behavior. The field of ecological psychology is growing, and specialists are concerned with how individuals perceive, are shaped by, value, influence, and are influenced by their environments.

Certainly, the school is a significant environment and one that will influence the behavior, values, and plans of its student inhabitants. Within this context, school counselors can improve their understanding of their student–client population by recognizing the following concepts:

1. Environment is a significant influence on behavior. Therefore, school counselors must understand this influence if they are to predict, modify, or prevent undesirable behaviors in their student clientele.
2. Because stable, long-term settings such as the school pass on expectations and norms for behaviors, values, and attitudes, school counselors, with their teaching colleagues, must plan accordingly.

3. Environmental understandings provide a basis for the development of meaningful prevention programs.
4. Students, like all people, strive for optimal environments in which to develop adequate self-concepts, fulfill their needs, and maximize their potential. Such settings provide supportive relationships and a climate that is motivational and enjoyable.

Influential environmental factors include weather, population density, cleanliness, accessibility, housing, natural resources, attractiveness, and such other aspects as educational, health, economic, spiritual, cultural, and leisure facilities. Of course, we must recognize that the personal influences of school administrators and teachers significantly affect the environment of the school. These personal influences largely determine the prospects for student enjoyment of and attraction to the environment of the school.

Schools and students cannot be understood on the basis of records and data (test scores, grades, attendance, etc.) alone. Students are performers on the stage of life. To understand the roles they are playing, we must understand the setting. *Ecological psychology* thus helps us better understand students by understanding their psychological interplay with their environment.

From an ecological perspective, then, we view students and their environments as being in a reciprocal relationship, with each mutually influencing the other, sometimes in subtle and sometimes in very obvious ways. Thus, in understanding clients, counselors seek to recognize the relevant ecological transactions between an individual and his or her life space.

FUTURE DIRECTIONS FOR SCHOOL PROGRAMS OF COUNSELING

All of us engage in predicting the future. Much of our speculation on what lies ahead is, of course, short range. We predict that the weather will be better tomorrow, the price of gasoline will go up again next month, or the football team will be a winner next fall. Predicting the future is fun, but it is also risky, especially if one is bold enough to put these speculations into print. However, despite the many uncertainties attending even the most scientific efforts (and highly reputable scientific institutes are engaged in such studies today), we still read our horoscopes and annual New Year's predictions, have our palms read or handwriting analyzed, and note that books projecting the future often become best sellers. Science fiction, books, movies, and television programs set in the distant future are especially popular with children and adolescents.

Although the high level of interest in knowing what the future holds in store for us and our societies does not appear to have diminished over the centuries, both the nature and need for future insights have undergone significant change. We have noted the emergence since World War II of a futuristic science, with an emphasis on scientific, data-based, and computer-assisted forecasting, and the development of organizations such as the Institute for the Future (Palo Alto, CA), the World Future Society (formed in Washington, DC), and the Hudson Institute (Indianapolis, IN). The need for some form of reasonably accurate future forecasting has become increasingly evident.

One indicator that change will probably take place in a product, activity, or organization is strong and significant criticism of its present state. For example, public criticism of airline service has resulted in modest improvements in airline services. Criticism of certain

automotive products has resulted in correctional changes, and political criticism of public education has led to change initiatives.

We are already aware of the change that computers and technology have made on the way people are educated, and they will increasingly impact the schools of the future. (We do not suggest, however, that schools will not continue to have an important social education function, a function that cannot be learned via the computer but must be based on face-to-face interactions between and among individuals.)

Some indication of the extent of the technological invasion and its impact on today's students can be gleaned from a study by the National Center for Education Statistics (2003), which indicated that 91% of students in grades K through 12 used computers:

The use of these technologies begins at young ages; 67% of children in nursery school were computer users, as were 80 percent of those in kindergarten. About one quarter (23 percent) of children in nursery school used the Internet, and about one-third (32 percent) of kindergarteners did so. By high school, nearly all students (97 percent) used computers, and a majority (80 percent) used the Internet.

Certainly in the midst of the rapid technological development predicted for this millennium, it is quite probable that many individuals will become frustrated and discouraged at their inability to master both technology and their futures. Counselors must help their client populations recognize that technology is designed to improve lives, rather than complicate them!

This new generation of counselors must also be computer competent and alert to the technological advancements of the information age that have implications for their practices. Distance education and multimedia approaches, among others, will dramatically influence new approaches to learning. Counselors will increasingly network via the Internet with counselors locally, nationally, and internationally to exchange ideas, solutions, and information.

Counselors must recognize and take advantage of the reality that the growth of the information industries means we will have a more informed society. Better information dissemination offers the opportunity to the counseling profession to inform all segments of society of relevant services and the means of accessing them.

New curricular emphases will include increased attention to technological and vocational curricula, plus renewed attention to the arts. The schools may also stress the importance of environmental conservation. Increased international orientation may also be anticipated. A longer school day and school year may be part of future school systems in the United States, and schools are being envisioned as centers for lifelong learning.

As in the past, counselors will continue to counsel, consult, and give attention to the career development needs of all populations. These needs, however, will be dramatically different from the one-person, one-career approach of the past as we view a century when individuals entering the workforce (with the exception of the professions) can anticipate three to seven distinctly different careers over their working lifetimes. Many of these will require a return to educational settings, adapting to new technologies, and geographic relocation. Counselors in all settings must assist their clients in becoming both adaptable and flexible if they are to maintain employment in the global workplace. Workers must be prepared for tomorrow's career world rather than yesterday's. It is also important to

realize that counselors will be providing career assistance in nearly all settings in which they are employed, as many adults will experience constant changes and turbulence in the world of work.

Emphasis will increase not only in schools, but with adult populations as well, on the prevention of such societal concerns as child and spouse abuse, substance abuse, AIDS, and a range of human sexuality concerns. The increasing recognition that prevention programs for these social issues are needed and are more promising than any after-the-incident treatment will present counselors with unprecedented opportunities to establish their uniqueness and value to society. Mental health counselors will have increased opportunities for consultation with people in business, industry, and community organizations and groups. This consultation may focus on topics such as stress management, substance abuse, people abuse, decision making, and career planning.

As the United States becomes a more diverse and multicultural society in the generations ahead, counselors, as human relations experts, will again have unprecedented opportunities in every setting to take an active role in preventing prejudice by promoting multicultural understandings and teaching positive human relationship skills. We are, after all, experts in communications and human relations. As a result, we should be active in promoting positive and productive relationships among all racial, cultural, ethnic, and religious populations of all ages.

Our workplaces will also be more diverse from an age standpoint, as the percentage of older workers continues to increase. With increased longevity and improved health, people are working longer and retiring later. This trend is predicted to continue, and retirement counseling is beginning to emerge as a specialty.

The urgent need for counselor involvement is further suggested by the recognition that although considerable progress has been made in legislative enactments and judicial decisions, much more remains to be accomplished at the levels of personal awareness, understanding, respect, and acceptance. The urgency for this progress is further highlighted when we note that an estimated 25% of our population are minorities. This proportion is projected to increase to 32% by 2010 and 47% by the year 2050. Here again, we note that the elimination of prejudice and the substitution of respect and understanding in human relations must begin in the school setting. To achieve this goal, counselors must be models of awareness, understanding, and acceptance.

Counseling for educational options will be greatly altered in the years immediately ahead due to the proliferation of new educational opportunities via the Internet. Distance learning is also promising to drastically alter educational traditions as individuals can now earn degrees with the click of a mouse or the use of a fax machine without ever setting foot in a classroom. Counselors of the 21st century will also be expected to be more professionally competent in assessing differing environments (e.g., community, school) and their impacts on their clients.

Accountability mandates will demand increased counselor knowledge in the areas of measurement and standardized testing. The rapidly developing field of family therapy and specialty areas such as substance abuse counseling can also spill over and influence school counseling in the decades immediately ahead.

Additionally, the vast majority of homes with children in the United States will be either dual-career or single-parent homes. The implications of these models of family life are many, not the least of which will be, What happens to the children? While school

systems increasingly are developing after-school programs for latchkey youth, in too many situations provisions still have not been made. Obviously, the failure to make adequate provisions guarantees disastrous consequences to both the individual and society. Counselors in all community settings should work together to develop comprehensive and effective programs for latchkey children. Whether dual-career or single-career, the family is, and always has been, critically important to the academic success of students. The family is the basic institution of our society and the one that has the longest period of impact on the individual. Parental conferences are significant, not only to the family-school relationship but also to student behavior and achievement. All research data indicate that the significance of the home, plus major societal changes affecting the home, will stimulate the need for increased family-school relationships in the decades ahead.

We believe that school counselors of the future will be called on more and more to engage in research in their settings to hasten the solutions to many continuing youth problems, such as those previously noted. Only through an all-out professional effort involving those on the scene can we hope to make real headway in dealing with these problems.

Another responsibility of schools in the future will be preparing students to enter a rapidly changing job market. If the United States is to continue to compete in the worldwide marketplace, U.S. workers will need to be more highly trained.

Schools will be responsible for preparing individuals who are adaptable and able to respond quickly to the changing requirements of new technologies as many workers' jobs will change dramatically, and often in the span of just a few years. This means schools will train and retrain both youth and adults. Workers will be displaced frequently in the future, and they will be moving constantly from one occupation to another, thus needing periodic retraining because each new job will be different from the previous one.

One significant and factually recognized change in the counseling profession itself has been the new wave of counselors entering our profession as a majority of the counselors trained according to the National Defense Education Act (NDEA) of the 1960s move into retirement. The U.S. Department of Labor has indicated that the employment of counselors is expected to grow faster than the average for all occupations through 2014. Numerous job openings will also occur as many counselors continue to retire or leave the profession (U.S. Bureau of Labor Statistics, 2006–2007). Many states and counselor preparation programs are also revising their training requirements for counselors in schools, community agencies, and mental health facilities.

AN INTERNATIONAL PERSPECTIVE: COUNSELORS IN OTHER COUNTRIES

Counseling is a rapidly growing profession in the United States and in other countries. Canada, the United Kingdom, and the English-speaking islands close to the United States are all experiencing the growth of counseling services in schools. In the pages that follow, descriptions of a day in the life of school counselors from some of these places are presented. Note the similarities as well as interesting contrasts with the daily routine of counselors in the United States.

A DAY IN THE LIFE OF A GUIDANCE OFFICER IN AUSTRALIA*

As I reflect on my role as a guidance officer in Outback Queensland, Australia, I am struck by the uniqueness of my situation. Firstly, a school counsellor in Queensland, Australia, is referred to not as a school counsellor but as a "Guidance Officer." Even more specifically, I perform the duties of a Senior Guidance Officer in the Longreach District, which means in addition to providing guidance in schools I coordinate a team of guidance officers and plan for services across the district.

There are four guidance officers or school counsellors in the Longreach District. We service a vast area with Longreach as our base. Longreach is approximately 800 miles from Brisbane, the capital city of Queensland, and has a population of about three thousand people. There are 23 schools in the district, and each one of us has a number of schools that we service. We service three schools in Longreach and the remainder are in small rural towns across the district. Some visits are day trips, and others are so far away that we are away for two or three days. We typically drive to most schools in department vehicles. Most of the vehicles are four-wheel drives as the roads are often narrow and when it rains become quite hazardous. It is not unusual to get bogged in the wet times or have to change a tyre on the very rough roads. There are some schools like Birdsville and Bedourie that are so remote we are flown there in a twin engine aeroplane. We typically go to those schools once or twice a term.

The schools we service also vary in nature and size. Of the 23 schools in the district, at least half of them are what we call Teaching Principal Schools. As the name suggests the principal is the teacher and is assisted by teacher aides. The school may have anywhere from 5 or 6 to 20 students. The schools range from primary schools (preschool to year 7) to schools that have grades from preschool through to year 12. The larger schools vary in size with the larger ones having about 250 to 300 students. There are only about 2,000 students in the district, but they are spread over a vast area.

One of the schools in the Longreach District that is very unique in its delivery of education is the Longreach School of Distance Education (LSODE), located in Longreach. I have had the privilege of working with students and their families from LSODE for 3 years. The school caters to students (preschool to year 10) who are unable to access the local school due to distance. The children typically live on cattle and sheep properties or "stations" and receive education from a distance. Teachers work from the central location and provide instruction over the telephone or via a radio, hence its former name "School of the Air." The students are taught at home by home tutors who are typically their mothers. The students come into Longreach for mini-school for a week, twice a year, and also meet for what is called a "cluster," which occurs in a central town closer to home once a term. Teachers go to the clusters and provide an action-packed day for the students. It is an opportunity for the children to have social interaction with their peers rather than just their voices over the air every day.

At first I wondered how I would provide a guidance service to students in a non-traditional setting. The motto of the school is "Effort Conquers Distance," so I have tried to stretch the limit in terms of providing guidance. I typically write in the *Bush Telegraph*, the school newsletter that reaches over 200 families. I try to provide information on issues such as communication, self-esteem, protective behaviors, mental health, and other topical issues. When they come in for mini-school, I have worked with groups of students on social skills, communication, career planning, et cetera. Counseling is more difficult, but once the relationship is established, I rely on telephone contact between visits. One of the highlights of working at LSOE has been "home visits." I often spend the day driving 2 or 3 hours to visit a family on their property. The child may be experiencing some difficulty with his or her learning and, given that the learning environment is at home on the property, I appreciate the wonderful opportunity to observe the child in his or her own setting. I am often shown the family pets, the new four-wheeler used for mustering, and am treated to the hospitality so often seen in Outback Queensland. It is a wonderful opportunity for me to chat with the parents in a nonthreatening environment and to give support to the home tutor, who is typically the mother and has many roles in the management of the family and property. I am always tired at the end of the day, but it's a very satisfying feeling.

A large part of our work as guidance officers in Queensland is the assessment of children who are having difficulties in learning. There is a formal process called *ascertainment*, which aims to provide varying levels of learning support for children. Guidance officers provide much of the data for the ascertainment process by way of assessment, case conferences, and observations. Unlike the process in United States, where psychologists test children, guidance officers are responsible for giving cognitive assessment to children. Assessments and report writing take up a large percentage of our time. Working with the family and preparing parents for the ascertainment process is also quite time-consuming but necessary for a successful outcome.

Retention of students to year 12 is a major thrust in Queensland. We are aiming to raise the rate to 88%. We are having a career fair this term with exhibitors coming from universities, rural colleges, government departments, employment agencies, et cetera. It is an opportunity for students to get a broader view of career prospects. I have been very busy planning for this activity in collaboration with the marketing manager at the Longreach Pastoral College where the career fair will be held. As guidance officers we are aiming to work with every year 11 and year 12 student toward the development of individual career plans.

Counseling is another key part of the guidance officer's role. The issues we work with are similar to those in other areas. A limitation to our work is the infrequency of our visits. Children who require more intensive work are referred to a visiting team of specialists. A group of specialists—pediatrician, child psychologist, and child psychiatrist—visit Longreach every term. We work very closely with the team and enjoy a collaborative approach. We provide detailed reports for them and provide follow-up between visits.

Guidance officers in outback Queensland have a varied role. We work from preschool through to year 12, so a range of skills and expertise is required. Not

everyone wants to live in western Queensland, so we have difficulty recruiting guidance officers. This makes the load heavier for the other guidance officers.

Given the types of schools we service, we develop close links with principals and parents. I have found the experience very rewarding as the context is unique—vast spaces, rural culture, and wonderfully warm and generous country people.

*Contributed by Denise Patton-King, Ph.D., Outback Queensland, Australia.

GUIDELINES FOR A GUIDANCE COUNSELLOR IN MOUNT ISA, AUSTRALIA, NORTHERN TERRITORY BORDER*

Seven program goals guide the activities of guidance counsellors for this district. They are:

- Quality curriculum programmes for all students
- Effective teaching
- Improving learning outcomes for all students
- A skilled, confident, and responsible workforce
- Confidence in public education
- Adoption of technology to enhancing learning, teaching, and management
- A safe, supportive, and productive environment

In the pursuit of these program goals, data will be collected and analysed in conjunction with other data to identify trends, areas of need, areas of professional development required, and the setting of future directions. In general, two types of data are to be collected: client service data and outcome data.

The role of a guidance officer can be divided into five areas: (a) proactivity; (b) reactivity; (c) crisis intervention; (d) school development; and (e) administration. When developing the school's guidance program, consideration will be given to the following:

- Core duties (i.e., essential activities)
- Supplementary activities (i.e., to meet the specific needs of the school)
- Appropriate means of evaluating the guidance program
- Reporting relationships and procedures
- Changing priorities throughout the year
- Responding to unforeseen demands (e.g., critical incidents, systemic demands)

In conclusion, we note that each guidance officer completes an annual operation plan that is submitted to his or her line manager at the base school. This plan covers general duties, time lines, and budgeting information.

*This information has been abstracted from *The Guidance Program Handbook Information Handbook*—ISIS—Burnett District (Queensland), adapted from the handbook originally written by Ms. Carol Beechey.

COUNSELLING AND GUIDANCE IN SCOTTISH SCHOOLS: BACKGROUND INFORMATION*

Formal "guidance" structures were introduced within Scottish secondary schools in 1970 with the appointment of "guidance teachers." Each guidance teacher has responsibility, on average, for the pastoral welfare of approximately 150 students, ages 12 to 18 years. Guidance teachers tend not to be specialist counselors but are, in fact, subject teachers who take on additional responsibilities for guidance. A typical guidance teacher will spend approximately half the week teaching her specialist subject and, in the time remaining, will contribute to the work of the subject department, as well as involving herself in guidance.

Guidance responsibilities fall into three main areas: curricular guidance, vocational guidance, and personal guidance. The guidance teacher will monitor students' progress and provide counseling support at times of transition, such as the end of year 2, when important course choice decisions have to be made. She will help her students to prepare for the major transition from school to tertiary education or the world of work. Her students will learn to trust her and will discover that she is someone they can talk to, who will listen without offering criticism or judgment and who will support them when they face major and difficult decisions. She will know each student's parents and siblings at the school and will encourage a free flow of communication between school and home. She will be involved in the delivery of the school's personal and social education program (PSE), incorporating health education, careers education, and life skills. In addition, she will be the first point of contact for outside agencies seeking reports and references, and she will liaise very closely with the visiting educational psychologist, social workers, health specialists, police, employers, and various community groups.

The fact that a guidance teacher is both teacher and counsellor is at once an advantage and a disadvantage. It is a disadvantage insofar as the demands on her time and energy are considerable and she has to work extra hard to play a full part within her subject department and retain her credibility as a teacher. Her teaching commitment limits the time available for pastoral activities. However, being a teacher with guidance responsibilities enhances her credibility with students, parents, and, not least, colleagues. She is in every sense involved in the life of the school: its academic life, its social life, its pressures, and its frustrations. She is seen as someone who understands and who often mediates on the student's behalf, with other students, with teachers, or even with the students' parents.

*Contributed by Bob Cook, Former Director of Education, West Dunbartonshire Council, Scotland.

“TAKE TIME” SCHOOL STUDENTS COUNSELLING SERVICE: AN OPEN DOOR* ABERDEEN, SCOTLAND

NEW ROLE

My role is a new one within our Education Authority: a full-time, School Students Counsellor, on site, dedicated to working with students who choose to refer themselves. I have been assigned to a specified position, with a stated salary for a period of 23 months from my guidance post in another school to set up this service. My background is in teaching; alongside this, I am in advanced integrative psychotherapy training, preparing for examination.

“Take Time” is a 2-year project supported by funding from the Scottish Executive Excellence Fund: a fund to support the raising of standards and the promotion of social inclusion in Scottish schools. The progress of the project is monitored through regular steering group meetings; the evaluation of the project is managed by the Educational Psychology Department, Aberdeen City Education Department.

I work with students ages 8 to 17 years, in one large secondary school and a number of primary schools in an area of social deprivation in the city. I am also available in the community centers, out of school hours—dependent on the student’s individual choice. The aims of the service are as follows:

- To create a safe environment where young people can explore their thoughts, feelings, and behaviors
- To create a self-referral system that gives young people options of where and when to meet
- To foster self-confidence in young people
- To encourage self-awareness, problem-solving skills, and growth toward autonomy in young people
- To encourage open communication among the counsellor staff, and/or parents, while respecting the confidences of each young person

Students refer themselves, sometimes with the help of a friend, a family member, a teacher, or their guidance teacher. Parental permission is sought for working with primary students, a requirement I explain to the young people who come to me. Family members or carers can also make arrangements to see me to help to clarify what I do before giving permission. If it would be helpful to the young person concerned, we may agree to set up a further meeting to discuss *their* thoughts and feelings once I have been working with the young person for a time. These agreements are open to discussion with the young person and are respectful of the confidentiality working with me carries with it. Some students actively want my intervention with another student or an adult. We spend time clarifying what they want to happen with that intervention and what our roles are to be.

THE COUNSELING SESSION

We discuss what counselling is, including confidentiality and child protection issues, what the expectations are, and what brought them to see me. In the course

of our first session together, we make an agreement about how we will work together, when and where we will meet. This contract provides the structure for our time together, encourages mutuality and review, and models a possible way to approach problems. My experience shows that young people respond to this structure given that it is balanced by my recognition of their concerns.

Building a relationship can be hard for many of the young people with whom I work. They may have experienced a significant absence of appropriate care and have developed strong defenses. In such cases, we work together slowly, respecting those defenses, which have been so essential to survival. The use of play materials like puppets, modeling clay, coloured pens, or a sand tray can provide valuable options for communicating without the apparent pressure of face-to-face contact. Other students may come with a specific issue that can be resolved in a few sessions.

Depending on the nature of the issue brought to me, and the needs of the young person, I may show him or her a model to illustrate what we are discussing—for example, the Transactional Analysis diagram, the “drama triangle,” which represents what can happen in friendships or families. This can provide a shorthand way into further discussions.

Current national research pointing to worrying levels of depression in young people may be supported by our findings, so far, that anxiety about their families has the highest incidence in presenting problems across the age range of our project. Among the students I have seen so far, this seems to be connected to a number of issues: complicated relationships within the family, inconsistent care arrangements, conflict within the family or between divorced or separated parents, addiction of one or more family members, and/or loss of a significant and secure career. Bleak as many of these issues are, many young people have developed powerful survival strategies that have allowed them to get on with life. Sometimes they come to me when these strategies are no longer working or are holding them back.

GETTING KNOWN

Taking part early in the term in circle time or personal and social education classes gives me an opportunity to introduce myself to students and encounter them in a group setting. I am careful to describe my role within the community and to encourage students to clarify how my role differs from that of other people who will support them. This is especially true of the role of the guidance teacher who has a multitude of functions within the secondary school, to teach, deliver social education programs, provide career guidance, negotiate timetables, liaise with parents and outside agencies, write reports, et cetera. Added to these is the responsibility to provide pastoral care for a specific group of young people.

Going around the school, open to contact, sitting with an open door before and after school and during break times and lunchtimes also has encouraged students to make contact with me. Some young people come regularly at these times, individually or in a group, seeking support. They bring their lunch, their friends—we may even go for a walk. They tell stories about what they’ve done, share jokes in a light and safe time before afternoon classes begin. They have an investment in this service and like to check out from time to time that I will be around

for another year. My room has been set up to be a safe and welcoming environment, distinct from the bustle of the rest of the school. Students bring pictures to put on the wall and quickly notice anything new. One quiet student brought a wind chime to claim her place there. Others, often senior students, acknowledge me with the barest of facial gestures in public places and come to see me discreetly.

A TYPICAL DAY

Each day is different in its balance; however, the main thread running through each is the one-to-one contact with students—a rich and varied experience. A day usually involves 8 to 10 scheduled sessions with any number of other, informal contacts as I move around the schools. In secondary school, sessions usually last for 40 minutes—a neat time slot for the school timetable; in primary school, sessions are more usually 30 minutes. In each context, there is some flexibility to respond to emergency situations.

Contact with staff usually takes place before school begins as this seems to suit staff best. When other agencies are involved, we will organize meetings during class time, and cover is organized for the teacher concerned. Getting to know staff has been important to my being accepted as part of each school's team, albeit a specialist who is independent of other school structures. Due to current demands on teacher time, we have not been able to participate in more than a few, short, in-service sessions. However, in day-to-day contact and informal chats as we go about our work, we continue to build the trusting relationships that are so essential to the well-being and progress of all within the school.

Class teacher, guidance staff, school nurse or doctor, educational psychologist, school manager, social worker, parent or carer—any of them might wish to raise a concern about a young person with me. Sometimes, this leads to me working with the willing student; at other times, the student is not ready to look at the issues identified by others. Consultation may lead to contact with another agency or, an equally important outcome, a confirmation that what is currently happening for that student is appropriate and needs to continue.

In my turn, I take my concerns to a meeting with my supervisor. We review my cases and the progress of aspects of the service for 1 hour, every 2 or 3 weeks. In addition, steering group meetings are scheduled every 4 to 6 weeks.

Other regular commitments include parents' evenings when parents/carers can meet me, evening sessions at youth clubs when young people can request individual or small group time with me, network meetings to update other interested staff on how we are progressing, meetings with other mental health services to monitor changes in referral patterns, et cetera.

THE FUTURE

- Next, I will begin to run groups:

The primary school group will begin with a group of primary 6 and primary 7 boys. In a discussion of "How we get on with others," we will look at

what our responses are when we're in a group, what we do with our feelings and options for change.

In the secondary school, we hope to run a personal development group for seniors to improve their interpersonal skills, prior to launching a new "buddy" scheme for junior pupils.

- The interim report on the project will be produced and distributed to interested parties. The final report was written in 2002.
- The evaluation process will continue with a satisfaction questionnaire and a series of focus groups involving students and staff. These will add to the data already gathered through questionnaires to staff and students *before* the project started and will be further supplemented by the responses to the same questionnaire *after* the allotted time is reached.

I anticipate that, in the drive to grow and develop, students will continue to come through that open door, close it behind them, sit down, and explore the thoughts, feelings, or behaviors that are keeping them "stuck."

It helps me to talk and not to compress my feelings.

Secondary school student, March 2001

I can't tell you how much appreciation Mrs. M. has given me, and I am sure many other people like her appreciation.

Primary school student, June 2001

*"Take Time" was contributed by Ms. Sandra Mojsiewicz, a School Students Counsellor for the Aberdeen City Council Education Department in Aberdeen, Scotland.

A TYPICAL DAY: GUIDANCE TEACHER*

The skill for being a guidance teacher in a Scottish secondary school consists of the ability to sustain an often precarious juggling act between the demands of a fairly full teaching commitment and the pastoral care of approximately 160 students.

I teach English to students from S1 (age 12 years) to S6 (age 17/18 years), and my subject carries a particularly heavy load of preparation and marking. Workload is particularly challenging when, for example, reports are due for any year group and I must first establish grades and write reports for my English students and then collate all the reports for my guidance group and write a comment on each. Another difficult period is in the autumn (fall) term when I give considerable time to helping students complete applications for university while also having to prepare my English students for their prelim exams. This can be a very stressful experience.

A typical day recently included the following:

8:15 A.M.–9:00 A.M.	Check memos from year heads and teachers regarding concerns about any of my students, and from office staff regarding parental phone calls explaining absence.
9:00 A.M.–9:10 A.M.	Registration, make the rounds of all my guidance groups (five in number), checking on attendance and being available to speak to anyone who needs to see me.
9:10–10:00 A.M.	“Higher” English class.
10:05–10:25 A.M.	Counseling S5 student experiencing difficulty with chemistry and wishing to drop the subject.
10:25–10:50 A.M.	Attendance at Joint Assessment Team for discussion with educational psychologist, social worker, head teacher, and year head of students giving cause for concern.
10:50–11:05 A.M.	Break for coffee; colleagues take chance to update me on various issues involving my students.
11:05–12:00 noon	S1 English class.
12:00–12:10 P.M.	Discussion with chemistry teacher regarding S5 student who spoke to me earlier.
12:10 P.M.–12:25 P.M.	Telephone call from parent concerned that his daughter is being bullied.
12:25–1:00 P.M.	Investigation of bullying issue with this student and others involved. Write up this incident for student’s file and copy to year head.
1:00–1:20 P.M.	Lunchtime supervision of students in social areas.
1:20–1:45 P.M.	Lunch.
1:45–2:40 P.M.	S3 English class.
2:45–3:35 P.M.	Writing report on student who has been referred to the Reporter to the Children’s Panel (a statutory body serving as an informal “court” for children who have offended or are at risk). This is a time-consuming and exacting, but extremely important, exercise that will often have to be finished at home.
3:35–3:45 P.M.	End of school day. Signing “record of work” and “behaviour” cards and briefly discussing the day’s progress with individual students.
3:45–5:00 P.M.	Catching up on phone calls and paperwork; writing up phone calls, incidents, and records of discussions; filing materials in students’ records (clerical support has been erratic because of staff shortages).

An average of 2 hours spent in the evening marking students’ work, preparing for the next day, and catching up on paperwork.

*Contributed by Ms. Rosemary Cook, Assistant Principal Teacher of Guidance, Gourrock High School, Inverclyde Council, Scotland.

A DAY IN THE LIFE OF A SCHOOL COUNSELOR IN HONG KONG*

I have been a counselor for adolescents and their families for more than 10 years. During this period I have made every effort to reach out to parents, teachers, and social workers, as well as many other professionals who are concerned with the well-being of young people. I have found that support systems, especially the family, have great impact upon the development of adolescents. Early one morning, while I was walking toward the school, a cluster of students passed by. They hesitated to greet me. It is no surprise that, being a counselor, I present an objective figure to the students and maintain a certain distance with them in the school's daily life. Therefore, if they need to see me when they are in need, they are able to present a true self and do not need to react to my expectations. However, I would break this principle if students actively come close to me.

I started the day by checking my schedule to find out the time of appointments. At that moment, a student squeezed into my room and immediately closed the door. She asked if I could offer her an alternate time slot for an appointment she had previously made. She had been my client for a year and was accustomed to making appointments with me. By the way, she still kept our interviews a secret and feared that her friends might tease her.

It was almost time for morning assembly. I hurried to the playground where the students line up every morning. From the far end of the corridor, I saw a young guy waving his hand passionately. I guessed there was another teacher behind me and the guy was greeting him. I turned around and found nobody there. Then I recognized that he was the student I had met the day before. He was referred to me because he had stolen the wallet of his schoolmate. In that session, he looked confused and anxious. I gave him an empathic response. While he felt that he was being understood, he told me of the frustration he felt concerning his academic failure. His dreams were gone. I did encourage him to keep his dreams. Having connected with him just once, I wondered about his treating me like an old friend.

Before the first appointment of the day, I had some time to prepare materials for the parent workshop scheduled for the next evening. At this time, a teacher came to me with an urgent request to give him a hand.

Ann, who had a wrist-slashing problem, came for counseling last year. During this school term, she had not had another self-injuring episode. As I opened the door of the interview room, Ann was sitting on the floor, like a child of three, yelling and striking herself with her fists. The teacher told me that a conflict between Ann and a teacher had triggered Ann's hysterical behavior. In fact, her hysterical behavior intensified the tension of the relationship with her teachers. She was labeled as a difficult student. In my experience, lots of the hostility and the anger of a teenager like Ann often indicates family problems. It may be partially true that underneath the "bad" or "mad" teenager is a "sad" person.

As I reached Ann, I tried to hold her shoulder and grasped her hands, stopping her self-hurting gesture. She claimed that she was faint and she would like to lie down on the floor. I understood that if I could not insist that she get to her feet at once, it

would be harder for me to get control of the situation. Ann and I had built up a trusting relationship previously. I spoke to her in a firm and steady but caring voice. She finally followed my instructions and sat in a chair. Thus, through the process of listening and responding, I tried to reconstruct her behavior so that she could act like an adult again. Ann was able to gain insight. She expressed that she did not know how to relate to the teacher. After the session, she decided to try to talk to the teacher again.

I feel tremendous relief and am full of hope when I am able to get parents to join the sessions with their children. In the afternoon, the mother of a student named Ted made a call to me. She told me that her husband agreed to join the session, but the interview had to be arranged in late evening. Of course, I would not reject her request because it was a great chance to get the absent father involved, although I would have another long day.

Ted and his parents arrived right on time. They took their seats in the interview room with some awkwardness. Each of them seemed to make an effort not to sit too close to one another. In the session, Ted's mother complained all the time and expressed her disappointment about her son. Ted was not submissive to her and grasped his chance to show his disagreement and argue with her. Ted's father listened quietly, and he sometimes spoke a few words to show that he allied with his wife. However, Ted's mother did not appreciate him and started to blame him. She complained that he was a silent man and she could not know him much. She seemed to face the ups and downs of life by herself. Her husband concentrated only on his work. This was typically a triangular relationship. The underlying problem of parenting was the problem of the marriage and the relationship between the husband and wife.

It was important for me to know their family organization; then I could plan the intervention in a more successful way. Finally, after lots of tears and complaints, I came up with a contract with Ted's family. They were willing to come again. It came to the end of the day. Even though I felt exhausted, I had to prepare myself for another new day.

*This description in the life of a school counselor was written by Agnes Yuk-yin Ho, who has been working in the counseling center of a youth organization, as well as in secondary schools. She is presently the school counselor of China Holiness Church Living Spirit College.

THE DAILY WORK OF A SECONDARY SCHOOL COUNSELING TEACHER IN HONG KONG* DAILY ROUTINE

COUNSELING ROLE

- Usually arrive at 7:40 A.M. and leave at 6:30 P.M.
- Walk around the playground during the morning assembly to welcome students and identify any drastic changes in them so as to show care and concern for them

- Share with students in some sessions of the morning assembly to create a loving, encouraging, appreciative, and helpful learning environment in school
- Pay attention to those usually late for school and show concern for them, then cooperate with disciplinary teachers to explore their reasons for being tardy and assist them to overcome their difficulties
- Work with disciplinary teachers to help students in overcoming their difficulties with behavioral problems
- Answer phone calls from parents who are in need of help
- Discuss preventive programs with the social workers of different organizations directly or by telephone
- Cooperate as a partner of the disciplinary team leader to plan preventive and proactive programs for strengthening students' self-control and self-esteem
- Attend meetings with core members of the administrative committee to discuss issues of the school as a whole
- Talk to parents who would like to help their children by improving their parenting skills
- Discuss with concerned teachers to identify students' problems at an early stage, to decide if some students need counseling service, and to make referral
- Refer students who are having severe learning, emotional, social, and behavioral problems to relevant professionals for counseling and therapeutic services
- Follow-up counseling cases with school social worker, teachers, or parents
- Meet with educational psychologists, inspectors of the education department, parents, and subject or form teachers to follow up on the individual educational plan of the inclusive hearing-impaired students
- Discuss preventive programs and group work with the school social worker and the school counselor or team members to help students develop a better understanding of themselves and raise their awareness of feelings and develop skills in handling emotions
- Supervise and evaluate the work of the school social worker and the school counselor
- Nominate students for different types of awards to help them build self-confidence
- Plan and implement developmental activities with students for some primary school students to enhance their self-esteem and confidence
- Prepare preventive drug abuse program for a session of the student assembly to promote desirable learning and social behavior
- Chair the counseling meeting discussion of programs and cases throughout the school year to enhance the whole-person development of students
- Conduct periodic evaluation on guidance work delivered to ensure students' and teachers' current needs are met

- Organize an Appreciation Day to create an encouraging, loving, and supportive atmosphere for the whole school
- Coordinate the Orientation Day and program for newcomers
- Draft proposals on the program of volunteer work for students, helping them to develop empathy and concern for the community
- Attend or conduct parent training groups in the evening
- Attend or conduct class or form meetings to discuss issues of students in a class or the form as a whole to understand their needs or difficulties and give guidance and advice
- Work with the career team leader to provide individual/group guidance and counseling to assist students to understand their interests, abilities, needs, and priorities in relation to further education, vocational training, and job opportunities
- Share the needs of students with all school personnel through formal and informal paths
- Incorporate the needs of students into both formal and informal curriculum
- Make use of community resources and integrate them into counseling programs or groups
- Develop the guidance teachers' awareness of and common belief in the principles and practices of guidance and counseling
- Keep systematic records of cases handled and compile statistical information to provide insights on the trends of students' problems and their contributing factors
- Attend various counseling seminars or training courses after school or on weekends

TEACHING ROLE

- Teach the lessons in different classes (this is the major part of my work)
- Prepare exercises, tests, and examination papers and grade them
- Organize activities of volunteer work for students
- Supervise students who need help in doing homework or projects
- Deal with students about whom peers complain
- Attend regular meetings of the academic committee
- Chair the regular meetings of life education in planning the curriculum and monitoring the instruction work among form teachers
- Integrate guidance elements into formal and informal curriculum
- Encourage the organization of class activities to promote and enhance class spirit so as to develop a sense of belonging for students in school
- Design the teaching schedule and the plans for subject teachers of life education and social and civic education
- Prepare teaching schedule and plans for geography class

- Improve my teaching by attending seminars of new teaching strategies or thinking skills
- Keep up with the current changes in educational policy or reform
- Attend various training courses after school or on weekends.

*Ms. Lydia To is the counseling mistress in China Holiness Church Living Spirit College. She is the head of the counseling team and is responsible for planning and implementing the developmental and preventive programs and remedial activities for her students. She is also the panel chairperson of life education responsible for planning the curriculum and coordinating the teaching progress of 26 form teachers. Other than these duties, she also has to teach geography for the upper grades (forms) and social and civic education for the lower grades (forms). In accord with this profile of her positions in the school, it may be anticipated that, in addition to her role as a guidance teacher, her teaching and administrative duties are both very heavy. This narrative indicates some of her varied activities.

COUNSELORS IN COMMUNITY AND AGENCY SETTINGS

Many of you may eventually consider employment as counselors in community, agency, or other nonschool professional situations. The purpose of this section is to acquaint you with the counselor's role and function in a variety of these settings. They include community and mental health agencies, employment and rehabilitation agencies, correctional settings, and marriage and family practice. Pastoral counseling, gerontology counseling, and private practice are also discussed.

TRAINING PROGRAMS FOR COUNSELORS IN COMMUNITY AND AGENCY SETTINGS

The training of counselors for the various community and agency settings is very similar to the training of school counselors, and in the past there was little distinction in many master's degree programs with the possible exceptions of practicum and internship settings and a few specialized courses. However, new standards for the preparation of counselors in specialty areas as officially indicated by appropriate professional organizations have resulted in an increase in specialized courses. In some training programs, counselors may be trained in separate departments or in programs with distinctly different emphases. Even greater distinctions will be noted at the doctoral degree level, where preparation tends to focus on the anticipated professional work setting.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2007) specifies that community agency counselor preparation programs will require a minimum of 48 semester or 72 quarter hours of graduate course work. (*Note:* These standards are currently under revision for publication in 2009.) This course work will include studies in each of eight common core areas: professional identity, social and cultural

diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation. In addition to the common core curricular experiences, curricular experiences and demonstrated knowledge and skills are required in (a) foundations of community counseling, (b) contextual dimensions of community counseling, and (c) knowledge and skill requirements for the practice of community counseling. A 600-hour internship in a community setting is also required.

Programs in mental health counseling are at the graduate level, with a minimum of 60 semester-hour or 90 quarter-hour credits. In addition to the core courses indicated, additional course work is required in three specialty areas: (a) foundations of mental health counseling, (b) contextual dimensions of mental health counseling, and (c) knowledge and skill requirements for mental health counselors. A mental health counseling internship requires a minimum of 900 clock hours.

Programs in marital, couple, and family counseling/therapy programs require courses in the eight core areas plus course work in three additional areas: (a) foundations of marital, couple, and family counseling/therapy, (b) contextual dimensions of marital, couple, and family counseling/therapy, and (c) knowledge and skill requirements for marital, couple, and family counselor/therapists. A 600-clock-hour internship is required.

Both training and on-the-job functioning are influenced by the provisions of the Community Mental Health Centers Act of 1963, which provided for the establishment of a network of mental health centers throughout the nation. Each center was to provide at least the five basic services of (a) inpatient care, (b) outpatient care, (c) partial hospitalization, (d) emergency care, and (e) consultation, education, and information.

Many counselors and managers in community mental health centers are Ph.D. graduates of counseling psychology programs. In addition to their preparation in individual and group counseling, their training programs typically include course work in psychological measurement, research design, biological and cognitive and other bases of human behavior, intervention strategies, and service delivery systems, plus course work leading to competence in an area of specialization.

Thus, as we proceed to examine the role of the counselor in a variety of community, agency, and institutional settings, we emphasize that these counselors deal with the developmental and growth needs of clients, as well as the more traditional remedial and adjustment concerns.

THE IMPORTANCE OF LICENSURE

Licensure is important because it serves to protect both the public and the profession. Licensure is particularly important to many professional counselors practicing in community agencies or private practices, in which client reimbursement is significant to the agency's or individual's fiscal wellness. This reimbursement, usually referred to as *third-party payment*, is made by insurance companies and Medicare for services rendered to clients by eligible (licensed) providers. The process of licensure in each state is established by legislative action. State licensure boards administer the legislated licensing programs.

Currently, counseling psychologists may be credentialed in any of the 50 U.S. states. Minimally, to be eligible for such licensure, candidates must have completed a predoctoral internship, hold an earned doctorate in psychology, and have passed the national licensure examination and whatever special examination an individual state may require.

Professional counselors trained in programs of counselor education may currently secure licensure in 48 states (California and Nevada are the two exceptions) and the District of Columbia. Although this process differs from state to state, it typically requires candidates to have earned a master's degree and often to have passed the National Board for Certified Counselors' National Counselor Examination. Graduates of programs accredited by CACREP may, in some instances, be eligible to take this examination upon completing their graduate training program, rather than having to acquire experience to become eligible.

COMMUNITY AND MENTAL HEALTH AGENCIES

Community mental health agencies provide counseling services for the general population within a specified geographic locale. Many community mental health agencies have been initiated under the provisions of the Community Mental Health Act of 1963, which provides initial funding for such centers that must be developed following the guidelines of the National Institute of Mental Health. These agencies were designed to provide preventive community mental health services. Typically, they offer inpatient and outpatient, emergency, and educational and consultation services. Many centers also provide partial hospitalization services, diagnostic services, and precare and aftercare in the community through programs of home visitations, foster home placement, and halfway houses.

Senator Edward M. Kennedy noted (1990):

Experience has demonstrated that a number of key features must be included in any effective community-based program of care for the seriously mentally ill. These include the following:

1. Quantitative analysis of the population to be served, so that the number of people to be helped and their specific needs can be determined.
 2. Case management, so that someone is responsible for coordinating and monitoring necessary services.
 3. A program of support and rehabilitation to provide services appropriate for each client's age, functional level, and individual needs. Psychotherapy, regular social contact to assist reintegration into the community, vocational training, supervised work, and assistance in obtaining and keeping competitive employment should be available to adults, and an appropriate range of services should also be available to children. The goal is to enable individuals to function at the maximum feasible level.
 4. Medical treatment and mental health care, available on a continuum from day hospitalization to periodic appointments, to regulate medication and monitor mental status.
 5. Assistance to families who often provide the frontline care for the mentally ill in the community and who are often left to cope with the severe strains of mental illness without assistance from the society at large.
 6. Housing services, ranging from half-way houses with staff in residence who provide continuous supervision to largely independent living. Outreach to the homeless mentally ill should be seen as an essential part of these services.
- (pp. 1238–1239)

Data in Table 3-8 shows how agency counselors reported spending their professional time, with activities ranked from highest amount of time to lowest.

Table 3-8 How practicing agency counselors spend their time.

Activity	Agency
Individual counseling	1
Group counseling	8
Couples/family counseling	4.5
Crisis intervention	
Standardized test administration and/or interpretation	
Nonstandardized assessment (e.g., case studies, information gathering interviews, questionnaires)	6.5
Needs assessment (to determine priority needs of your target population)	6.5
Consultation activities	3
Case management	4.5
Dealing with managed care organizations (MCOs) as a provider (e.g., making application, precertification, concurrent review of cases, appealing decisions)	
Prevention activities	10
Clinical supervision activities	9
Administrative activities	2
Information dissemination: public communication and public relations	
Other	

Regarding the agency column: This indicates in sequence the comparative amount of time from most to least that counselors spend in the various activities of their agency (i.e., counselors spend the most time in individual counseling, the least amount of time in prevention activities).

Source: Gibson, R. L., & Mitchell, M. H. (1997). *How practicing agency counselors spend their time*. Unpublished manuscript.

The Agency Team

In most community mental health agencies, counselors are employed as team members with other helping professionals. These typically include psychiatrists, clinical and counseling psychologists, and psychiatric social workers. Psychiatrists are usually considered to be the leaders of the team, inasmuch as they have a medical background and may perform physical examinations, prescribe drugs, and admit people to hospitals for the treatment of behavior abnormalities. In addition to basic medical training, certification as a psychiatrist typically requires 3 years of residency in a psychiatric institution plus 2 years of further practice.

Counseling or clinical psychologists are prepared in programs that require a minimum of 3 academic years of full-time resident graduate study, plus a full year's internship in an appropriate setting. Although emphases in programs will vary somewhat from institution to institution and depend on whether the person is trained in a clinical or counseling psychology program, the psychologist receives general training in basic psychology, counseling and psychotherapy, psychological assessment, and psychological research.

Some contend that the difference between clinical and counseling psychology has never been entirely clear, but distinctions do exist. One offered distinction is that clinical psychologists appear to work more frequently with behavioral abnormalities and personality reorganization, whereas counseling psychologists emphasize increased understanding of the adjustment problems of normal persons.

Psychiatric social workers are trained minimally to the master's-degree level in 2-year programs. One year of this program is devoted to supervised internship in a clinical or hospital setting. Social workers are trained to help people experiencing economic or other problems. Often such clients are being assisted through welfare and other programs. Psychiatric social workers, however, are more frequently found in hospital or community mental health settings. In such settings, they may gather data regarding patients and their families and often will work with the patient's family in assisting the client's adjustment. In many community mental health centers, psychiatric social workers may also conduct treatment of a nonmedical nature.

Counseling in the Community Setting

Counselors in community settings deal with widely diverse populations and a wide variety in both the type and nature of human concerns. These range from continuous developmental needs of people to crises requiring immediate emergency attention.

COUNSELING FOR A DAY IN AN AGENCY SETTING*

I'm a licensed mental health counselor working for Colorado West Regional Mental Health in Rangely, Colorado, which serves 10 counties in northwest Colorado, an area roughly the size of the state of Vermont. Rangely, where I live and work, is a one-person satellite office on the westernmost edge of that empire. The most daunting aspect of my life here is the isolation. However, that's easily compensated for by my enjoyment of earth's wild beauty. The greatest benefit of living on the frontier is that I get to take my dog to work.

Agatha and I go to the office early every morning. I make tea in the microwave, clear messages from the answering machine, and prepare for the day's sessions which, unless I've made an exception, begin at 9:00. Between 8:00 and 9:00 A.M. I return and take phone calls. Keeping this routine is crucial because the community has learned that's when I'm directly available. Once I go into session, when the phone rings, the answering machine picks up. I seldom check messages between sessions. However, if the phone rings more than four times, I know it's an emergency and I interrupt the session to answer. This rarely happens. I schedule three sessions in the morning, three or four in the afternoon. Lunchtime commonly is spent attending meetings. Because of our extreme isolation, interagency cooperation and camaraderie is one of the pleasures of my work environment. We value each other so highly because there's no one else, literally for hundreds of miles, to count on.

One day a week I drive an hour through spectacular wilderness along the White River to Meeker for a staff meeting with our program director and two colleagues who work out of that office. I share the road from time to time with herds of sheep, range cattle, elk, and deer, and once or twice, in the distance, wild horses. My client

population in Meeker is primarily abused children referred by the Department of Social Services. In Rangely I serve whoever walks through the door. In both settings and with all populations, Agatha is my most versatile therapeutic tool.

Always the first to greet people when they arrive, she trots into the waiting area aglow with her dachshund/Chihuahua charm. I begin assessment by watching both her reactions and the reactions of people to her. First time in a therapist's office is stressful for anyone. Commonly, the most nervous and agitated people visibly relax and often laugh when they see this sassy little dog. She normalizes and disarms the environment into a homelike setting and acts as an immediate container into which huge energy can be safely transferred while learning to trust me.

Traumatized children, especially, bond with Agatha long before they can allow vulnerability with an adult. From the very start when a child sees this tiny animal trusts me, they know I'm safe and can grow into that truth at their own pace. I've spent many hours listening to children who curl up in my beanbag chair and pour their hearts out to Agatha as if I weren't there. She snuggles with them, puts her little paws on an arm or leg, and mirrors the child with her soft brown eyes. Sometimes children with tactile defensiveness cannot tolerate even Agatha's touch and have acted out toward her with aggressive behavior. I'm able to use her fearful reactions to help the child acknowledge his or her own fear and how hard it is to be touched after someone physically hurts us. I also tell Agatha's history of abuse before I rescued her from a shelter and how she's had to learn that not every human will treat her that way. Then kids say, "She's just like me," and the two of them go through a parallel process of learning to trust each other as the child replaces internalized violent behavior with gentleness.

Rangely doesn't have a nursing-care facility for the elderly, so the hospital operates a swing bed unit to serve this need and I am required to perform mental status exams on the residents at admission and quarterly thereafter. Agatha loves this duty most of all, and the old folks love her back. Even the cranky guy at the end of the corridor, who hates everybody and everything and refuses to cooperate whenever possible, beams when Agatha comes. He holds her in his lap and repeats, "She's a dandy!" while the nurses scurry around taking advantage of his improved disposition to get things accomplished in his room. Once, when he was being unusually difficult, the nurses called the office and asked me to bring Agatha up to help them. She saved the day.

One of our greatest adventures together involved an emergency call requiring a 3-hour drive high into the mountains in the northeast corner of our county to Pyramid, Colorado. The sheriff's department had been searching all night for a man missing since the day before. They found his body at dawn and were left with a distraught widow and several others in that weekend party exhausted from the vigil and in shock. That time of year, I could only drive so far up the mountain before I had to pull over and be taken by snowmobile the rest of the way. I did a 6-hour intervention with that grieving group, ending with me standing by the widow at the site of her husband's death. Agatha and I were truly a team, the two of us in a world at the top of the world, containing crisis. She did her best work that endless day, sustaining and comforting me.

*Written and contributed by Katharine W. Unthank, Ph.D., who currently resides in Reno, Nevada.

In addition to community mental health agencies, a variety of what might be labeled alternative and nontraditional yet related community counseling services have developed over the past several generations. These nontraditional service centers have had different titles, but most of them can be categorized as hotlines or crisis centers, drop in or open-door centers, and specialized counseling centers such as those catering to drug and alcohol abusers or dealing with special populations such as women, minorities, or the aged.

Hotlines or crisis centers have been one of the most popular and older alternative services offered. They are frequently staffed by nonprofessionals or paraprofessionals with, in some settings, professional volunteers available or a professional supervisor on call. Usually hotlines or crisis centers are designed to provide sympathetic and helpful listeners and reliable information for dealing with common concerns such as drug overdoses, suicide, spouse abuse, alcoholism, and mental breakdown.

Open-door or drop-in centers provide havens for persons who need a place to come to and, in larger cities, to get off the streets—a place where people can feel secure and receive sympathetic attention and counseling assistance. Some of these centers actually provide minimal accommodations where a person can “sleep it off.” For the most part, however, they simply provide an opportunity for the person to face emergency counseling assistance. In many of these centers, record keeping is at a minimum and clients may not even be required to give their names or other personal data unless they wish.

In a number of more populous communities, various specialized counseling service centers are on the increase. These centers tend to serve special populations, defined by the nature of the problem, such as alcohol or drug addiction, spouse abuse, marital relations, or sexual problems, or by age classifications or racial or religious groups. These specialty centers tend to be staffed by a mixture of professionals, paraprofessionals, and volunteers. Facilities are equally diverse. For example, the Redevelopment and Housing Authority of Norfolk, Virginia, has established a system of community-based counselors who function with aides to assist individuals and families living in 11 public housing developments in that city. These counselors and their aides give support to residents in crisis situations and provide the information they need to cope with their problems, including the rules and regulations of the housing authority. Counseling activities tend to focus particularly on strengthening families. An organizational chart depicting an agency organization is shown in Figure 3-5.

Employment Counseling

In 1933, the U.S. Department of Labor established the Employment Security offices to provide job placement and advising or counseling functions for the unemployed. Counseling was more specifically provided for in the G.I. Bill of 1944, which provided job counseling for veterans returning from World War II. By the 1960s, the Department of Labor was encouraging states to upgrade their counselors to the professional or master’s degree level of training.

In the fall of 1970, the Manpower Administration of the Department of Labor initiated a massive inservice training program for selected employment service personnel. Originally, 88 colleges and universities in 33 states participated in the training program. Approximately 2,500 employment service personnel were initially involved in the training.



Figure 3-5 Organizational chart for an agency.

The training was intended to increase the overall skill level of the trainees in dispensing employability assistance to those persons comprising the client population of the U.S. Public Employment Service.

Within the Department of Labor, an employment counselor is defined as one who performs counseling duties and who meets the minimum standards for employment counselor classification. The Employment Service system is designed to bring together workers seeking employment with employers seeking workers in order to improve the functioning of the nation's labor markets. Each state is expected to administer a labor exchange system to facilitate this service and to participate in a system for sharing information among the states, including the use of standardized classification systems issued by the U.S. secretary of labor. Employment counselors may also administer the work test requirements of the state unemployment compensation system.

Although the focus of employment counselors, as with other employees of the U. S. Employment Service (now called Job Service), is appropriate job placement of its clientele, the counselors are expected in the process to counsel clients on personal problems and assist them in developing attitudes, skills, and abilities that will facilitate their employment. Counselors are also involved in data gathering from their clients and in the administration and interpretation of standardized tests. Employment counselors tend to consider the National Employment Counseling Association (a division of the American Counseling Association) as their professional organization. Some insight into both the qualifications and role and function of employment counselors may be gained from looking at the National Employment Counseling Competencies adopted by their professional association on March 17, 2001, for use in Workforce Development, Welfare Reform, School-to-Work, One-Stop, Job Service, and other employment counseling programs.

National Employment Counseling Competencies

- *Counseling Skills:* The ability to establish a trusting, open and useful relationship with each counselee, accurately interpreting feelings as well as verbal and nonverbal expressions, and conveying to the customer this understanding and whatever pertinent information and assistance is [sic] needed. Knowledge and awareness of career development theory and the ability to support the customer through transitions and facilitate decision-making and goal setting. The ability to recognize the need to refer the customer to appropriate resources to remove barriers to employment. The ability to conduct effective intake to insure [sic] that the applicant is suitable and able to benefit in the agency's programs.
- *Individual and Group Assessment Skills:* The ability to provide ongoing assessment utilizing individual and group assessment skills and to use formal and informal assessment methods that comply with Equal Employment Opportunities Commission (EEOC) regulations. The ability to provide ongoing assessment in individual and group settings involving the appraisal and measurement of the customer's needs, characteristics, potentials, individual differences and self-appraisal. The ability to recognize special needs and characteristics of all types, e.g., minorities, women seeking nontraditional occupations, culturally different immigrants, disabled, older workers and persons with AIDS.
- *Group Counseling:* The ability to apply basic principles of group dynamics and leadership roles in a continuous and *meaningful manner* to assist group members in understanding their problems and taking positive steps towards resolving them.

- *Development and Use of Employment-Related Information:* The ability to access, understand and interpret labor market information and job trends. The ability to develop and use educational, occupational and labor market information to assist customers in making decisions and formulating employment and career goals that lead to self-sufficiency. The ability to develop and use skill standards.
- *Computer Related Skills:* The ability to apply employment counseling principles to the use of the internet and other online services, including, but not limited to, employment testing, job banks, job search, job matching, resume writing and sharing, case management reports, counseling and maintaining the confidentiality of customer data.
- *Employment Plan Development, Implementation and Case Management:* The ability to assist the customer in developing and implementing a suitable employment plan that helps move the jobseeker from current status through any needed employability improvement services, including training and supportive services, into a suitable job. Knowledge of educational and training resources, sources of financial support, community resources and local labor market requirements is needed. The ability to manage cases through placement and retention.
- *Placement Skills:* The ability to ascertain and to communicate an understanding of employer's personnel needs, to make effective job development contacts and to assist the customer in the presentation of their qualifications in relation to the employer's needs. The ability to teach job seeking skills and to develop jobs. The ability to assist the customer in making decisions related to the work environment in which he/she might be most successful. The ability to advocate for employment and career development of special groups.
- *Community Relationship Skills:* The ability to assist customers in obtaining the services needed to address barriers to employment which might interfere with successful employment and career directives. The ability to make presentations to community groups and participate on community task force groups. The ability to develop information packets. The ability to partner and link resources with other agency staff in a One Stop setting.
- *Workload Management and Intra-Office Relationship Skills:* The ability to coordinate all aspects of the whole employment counseling program as part of a team effort, resulting in a continuous and meaningful sequence of services to customers, agency staff, employers and the community. The ability to operate a comprehensive employment resource center.
- *Professional Development Skills:* The ability to develop skills individually and within the profession and to demonstrate by example the standards and performance expected of a professional employment counselor.
- *Ethical and Legal Issues:* The ability to comply with the ethical standards developed by the American Counseling Association. The knowledge of regulations and legislation affecting employment and training, job service and social reform, such as EEOC, Americans with Disabilities Act, professional testing standards, Multicultural Issues, Family Issues, and One Stop Career Centers. (National Employment Counseling Association, 2001. Reprinted with permission.)

Employee Assistance Counselors

More and more counselors are practicing in business and industrial work settings. The impact of substance abuse on the workforce plus a heightened recognition that employees' general mental health affects productivity stimulated the initial development of many of these programs. Economic opportunity and labor legislation also created opportunities. However,

as counselors proved their worth in the industrial sectors, many programs expanded their activities to include career assistance, retirement planning, educational guidance, and family counseling. Additionally, the rapidly changing nature of the employment picture in the decades ahead continues to create challenges for employers and employees alike and their programs for assisting employees. Recent trends toward downsizing, merging, the hiring of temporary workers, and the movement of whole industrial complexes to new geographic locales are just a few of these new and emerging challenges.

Counselors in business and industrial settings are frequently organized into employee assistance programs (EAPs). Most counseling in EAP programs would be labeled brief or short-term therapy. Too, the diversity of worker needs in most settings requires that EAP counselors have an extensive knowledge of referral sources and client options. (An example of a day in the life of an EAP counselor is included later in this chapter; see Employee Assistance Programme of Bermuda.)

Correctional Counseling

Practitioners of correctional counseling are employed in various law enforcement settings, ranging from those involved with first-time juvenile probationary offenders to those interacting with persons incarcerated in penal institutions. Counselors in these settings usually have training backgrounds in counseling, psychology, sociology, criminal justice, or forensic studies. Their duties include counseling and interviewing; the use of various analytical techniques, including standardized testing; referrals; parole recommendations; and placement. In some juvenile institutional settings, counselors may be employed as live-in advisers. Counselors of youthful juvenile offenders work closely with police officers and other authorities.

Examples of counselors in juvenile correctional institutions are those in the Kennedy Youth Center of Morgantown, West Virginia, and the Indiana Boys' School in Plainfield, Indiana. These and other similar institutions utilize the differential treatment approach, which takes into account individual differences in matching inmates with counseling staff on the basis of personality or behavioral categories. In other correctional settings, counselors function as key agents in converting closed, traditional, punitive systems into those that are more positive, helping, and rehabilitative. In these settings, the emphasis is on the formation of positive interpersonal climates and open lines of communication among the various members of the prison community, including inmates and correctional officers, or guards. An example of such an activity in recent decades has been the training by correctional counselors of prison guards and other security personnel in racial relations and/or multicultural awareness.

Counselors in the field of correctional counseling may join the International Association of Addictions and Offender Counselors, a division of the American Counseling Association.

Rehabilitation Counseling

Society has always admired people who have overcome physical handicaps to achieve notable success: Franklin D. Roosevelt, who was paralyzed by polio in both legs age at 39 but later became president of the United States of America and a wartime world leader; Helen Keller, who was deaf and blind from age 2 but became a successful author and lecturer;

Ludwig van Beethoven, who wrote his majestic Symphony No. 9 after he lost his hearing; and Sarah Bernhardt, who continued to act after losing her leg in an accident. Clifford Beers, who was mentioned in Chapter 1, exemplifies individual triumph over mental illness. These are just a few of the many who have overcome real adversity. Their achievements remain notable, but history has failed to record the tragic losses in human potential that were allowed to occur because of lack of attention, other than medical, for people with disabilities. Since World War II, however, rehabilitation counseling has expanded into public agencies so that such individuals may receive special counseling assistance in overcoming their disabilities.

Research by Leahy, Szymanski, and Linkowski (1993) indicated that the following 10 knowledge domains represent the core competency requirements of rehabilitation counselors: (a) vocational counseling and consultation services, (b) medical and psychological aspects, (c) individual and group counseling, (d) program evaluation and research, (e) case management and service coordination, (f) family, gender, and multicultural issues, (g) foundations of rehabilitation, (h) workers' compensation, (i) environmental and attitudinal barriers, and (j) assessment. The specialized knowledge of disabilities and of environmental factors that interact with disabilities, as well as the range of knowledge and skills required in addition to counseling, differentiates the rehabilitation counselor from other types of counselors in today's service delivery environments (Leahy & Szymanski, 1995, p. 163).

Rehabilitation counselors help clients overcome deficits in their skills. They may work with a special type of client such as those with hearing loss, mental illness, or physical disabilities. In some settings, they also see people with other kinds of disabilities.

Vocational rehabilitation counselors help clients with disabilities prepare for gainful employment, frequently assisting in appropriate job placement. In recent decades, much effort has been expended on the rehabilitation of substance abusers, with counselors prominent in both inpatient and outpatient facilities, in addition to the increased efforts to rehabilitate those with mental disabilities. Rehabilitation counselors also work with ex-offenders in preparing for adjustment to life in society's mainstream.

The role of rehabilitation counselors is complex, as they provide a broad range of psychological and career-oriented services and work with and often coordinate the efforts of community agencies on their clients' behalf. As resource persons, they also seek to encourage the optimum adjustment and development of their clients. Their preparation has been described by Capuzzi and Gross (2005):

Academic training of counselors whose interest lies in working with clients with disabilities is accomplished through rehabilitation counselor education (RCE) programs. These training programs are typically graduate (master's-level) programs and are offered by counselor education or counseling psychology departments. The programs normally require two years of academic and clinical training to complete when pursued on a full-time basis. Delivery of rehabilitation counseling coursework through distance education options, such as web-based courses and videoconferencing, is increasingly being used by programs around the country.

The curriculum content pursued in most of these training programs has been developed and verified by the Council on Rehabilitation Education (CORE). CORE was established in 1971 as an accreditation body to oversee the academic and clinical training of rehabilitation counselors and to promote effective delivery of rehabilitation services to people with disabilities. Ninety-three RCE programs are currently CORE accredited. These programs must show evidence of a

graduate-level curriculum that provides its trainees with a course of study that includes, but is not limited to, the following knowledge and/or skill areas: (1) history and philosophy of rehabilitation; (2) rehabilitation legislation; (3) organizational structure of the rehabilitation system (public and private, nonprofit and for-profit service delivery); (4) counseling theories, approaches, and techniques; (5) case management; (6) career development and vocational counseling theories and practices; (7) vocational evaluation, occupational information, job analysis, and work adjustment techniques; (8) job development and placement; (9) medical aspects of disability; (10) psychosocial aspects of disability; (11) knowledge of community resources and services; (12) rehabilitation research and program evaluation; (13) measurement, appraisal, and testing; (14) legal and ethical issues in rehabilitation counseling; (15) independent living; (16) consultation services; (17) service coordination; and (18) special topics in rehabilitation (such as transition from school to work, supported employment, and rehabilitation engineering). In addition, rehabilitation counseling trainees are required to participate in supervised practicum and internship experiences totaling a minimum of 600 clock hours in approved rehabilitation sites and under the supervision of a certified rehabilitation counselor. (pp. 503–504)

Marriage and Family Counseling

Although the marriage vows read “until death do us part,” the high divorce rate in the United States in recent decades indicates that thousands of couples have decided they cannot wait until their entry into eternity to part. In addition, thousands of other couples suffer through phases of their marriages or seek adjustment to marriage difficulties by means other than separation or divorce.

Certainly, an abundance of statistical empirical evidence indicates that family discord and divorce are continuing to increase. The stresses of the actual divorce process for spouses and children and the later adjustment requirements for all involved are well documented and include such problems as the feelings of failure that often accompany divorce, as well as other emotions such as anger, regret, and depression. Adjustment problems may also arise in terms of separation, child rearing, and single-parent roles. In addition to these emotional and psychological stresses, practical concerns center on the legal issues and financial responsibilities for persons in divorce or separation. Also, the adjustment problems of children whose parents divorce cannot be overlooked. Concerns about loyalty, parental dating, and custody can have severe psychological consequences, especially when coupled with the feelings of guilt and devalued self-concept commonplace in children of divorce.

We can conclude that the traditional image of the home and family as a cozy nest of love, security, togetherness, and never-ending happiness has been severely battered (as have many of the nest’s inhabitants) in recent generations. The need for counselors who can effectively counsel outside the one-to-one relationship, who can work in this new dimension—the family or family system—has evolved. Yet, providing effective counseling assistance to families and couples in today’s complex and stressful society is a challenging and often difficult task, frequently complicated by advice from nonprofessionals, cultural traditions, and environmental pressures.

The first marriage and family help centers were established in the 1930s, but only within the past several decades has marriage and family therapy emerged as a counseling specialty. With over 40,000 counselors engaged in the practice today, the American Association for Marriage and Family Therapy represents this specialty area, as do Division

43 of the American Psychological Association and the division of the American Counseling Association entitled the International Association of Marriage and Family Counseling.

Whereas individual counseling focuses on the individual person and his or her concerns, family therapy focuses on the family system. Even if only one member of the family is being counseled, if the counseling is concerned primarily with the family system, it can be viewed as family counseling. In other words, regardless of the number of family members involved, the family counselor tends to conceptualize problems in terms of the systems perspective or the context in which clients exist. Interventions, therefore, focus on relationships and communication.

An objective of family therapy may be to bring about change in the family structure and the behavior of family members. Communication among the family members will probably be examined, as will how the family resolves conflicts.

We must continue to recognize the rising numbers of dual-career couples, single-parent families, and latchkey children as issues in family living that are more characteristic of recent generations. These stresses, plus those accompanying the necessitated major career changes predicted for most adult workers in the decades immediately ahead, point to complex factors challenging marriage and family counselors.

An outgrowth of the stress on marriage and families has been the development of specialty areas represented by the International Association of Marriage and Family Counselors (IAMFC), a division of the American Counseling Association, and the American Association for Marriage and Family Therapy (AAMFT). These associations may include members from diverse professional-preparation backgrounds, including psychiatrists, psychologists, attorneys, counselors, priests, rabbis, and ministers.

Many counselor education programs offer courses on marriage and the family. Popular courses include marriage counseling, family counseling, human sexuality, and marriage/family counseling. For those who wish to specialize in the field of family therapy, an individual can complete an advanced degree in one of the traditional disciplines, such as clinical psychology, counseling, pastoral counseling or social work.

Pastoral Counseling

From the standpoint of sheer numbers and geographic coverage, pastoral counseling provides a significant mental health resource. Not only are clergy members generally available to listen to the concerns and personal problems of their parishioners, but they also are frequently the first source to whom people in trouble turn. In fact, many churches offer counseling on family issues, including marriage problems, bereavement counseling, and youth counseling and guidance. The American Association of Pastoral Counselors (AAPC) certifies individuals and also accredits training programs.

Churches are also increasingly utilizing professional counselors in their youth programs. In recognition of the mental health function of the clergy, many theological training programs include courses in pastoral counseling, related psychology, and general counseling subjects. Special programs have also been developed in clinical pastoral education for theology students and clergy who want further training. Although many of these specialized programs are comparatively short-term, others provide intensive training in clinical settings.

Gerontology Counseling

“The graying of America” is the phrase frequently used to note the dramatic increase in the older population. The U.S. Department of Health & Human Services Administration on Aging (AOA) indicated that

the older population—persons 65 years or older—numbered 36.3 million in 2004 (the latest year for which data are available). They represented 12.4% of the U.S. population, about one in every eight Americans. By 2030, there will be about 71.5 million older persons, more than twice their number in 2000. People 65+ represented 12.4 % of the population in the year 2000 but are expected to grow to be 20% of the population by 2030. (U.S. Department of Health & Human Services, 2005)

With increased representation has also come an increased sensitivity to the needs, including counseling, of this special population. Also, as this group becomes more politically potent and active, the aged themselves are demanding the same range of social services and attention to their needs that are provided for other age groups. Certainly the U.S. presidential election of 2000 highlighted both the increased political importance of this group and its concerns for appropriate health care and financial security.

A dramatic change that occurs in the lives of most of the working elderly is retirement. No longer is the engraved watch or the upholstered rocking chair sufficient to ease the transition of the worker from employment to retirement. For many workers, including the elderly, their jobs are important sources of their identity: “I’m a teacher,” “I’m a salesperson,” “I’m a secretary.” The loss of this identity, through retirement, can be difficult for the elderly who, in addition, may have depended on their coworkers on the job for social contacts. Loneliness is a common problem among aging retirees. Further, retirees as well as many older individuals have not developed vocational interests or leisure-time pursuits, which has resulted in boredom and frustration for many. The loss of spouses and other loved ones is particularly noticeable among the elderly. Bereavement counseling should be available during these difficult periods. Depression, stress, and alcoholism are also common among the elderly.

The increased recognition of the needs of this population is further reflected in the growth of course offerings in counselor preparation programs and substantive increases in professional publications addressing the counseling of older individuals.

PRIVATE PRACTICE

The possibility of establishing a full-time private practice has appealed to an increasing number of counselors and many, employed by other institutions or agencies, have done so on a part-time basis. Those interested in private practice may consider whether they wish to practice alone or in a partnership or group practice. They must also determine whether to enter general practice or specialize in such areas as addictions, careers, children, and so on.

A basic consideration in entering private practice is whether one’s professional interest and expertise are relevant to a sufficient client population in the geographic area of practice to adequately support the private practitioner. As in any situation, knowledge of and adherence to legal and ethical guidelines are critical in private practice. The importance of

licensure and eligibility for third-party payment must also be considered. Other concerns that the individual private practitioner must address are fiscal (fees, billing policies, insurance, office overhead), logistical (office location, hours, furnishings, record keeping, secretarial help), and public relations or communications, including advertising of services.

FUTURE DIRECTIONS

In 1980, *The Counseling Psychologist* had a special theme issue entitled "Counseling Psychology in the Year 2000." In this issue, Whiteley concluded:

In order to have an increased impact in the changed world of 2000 A.D., counseling psychology will have to enlarge its substantive bases to include environmental psychology and environmental planning; lifespan developmental psychology including aging, developmental tasks, and transitions between phases of life; the psychology of men and women, the growth of men and women within relationships, sex roles, parenting, sexuality, and child rearing; more refined approaches to building a psychological sense of community; assertion training and social organization self-renewal; psychobiology; information and computer science; and, finally, systematic study of the expected future and its alternatives. (p. 7)

In 1987, Division 17, the counseling psychology division of the American Psychological Association, held its third national conference focusing on the theme "Planning the Future." Reporting on this conference, Rude, Weissberg, and Gazda (1988) noted:

Across the five work groups that comprised the Third National Conference for Counseling Psychology a number of common themes emerged. Discussions of identity affirmed the value of the scientist practitioner model and of traditional strengths such as prevention, lifespan development, and skill building as well as innovative and nontraditional functions. Among the ideas that were endorsed by multiple work groups were strategies to enhance counseling psychology's visibility and political strength and to build mechanisms for proactive planning into governance. Ways to improve the training of counseling psychologists by enhancing rigor, scientific thinking, professional identity, and ability to work in diverse and emerging settings also received substantial attention. Overall, deliberations of the groups resulted in substantial convergence and a set of specific goals and plans for the future. (p. 423)

Details of the conference were reported when another special issue of *The Counseling Psychologist* (Fretz, 1988) featured the theme and reports from this conference, "Planning the Future."

More than 20 years ago, Leona Tyler (1980) made predictions for counseling in the year 2000:

Counseling psychology (and counseling psychologists) will be dealing with the significant reality problems of that day, just as they have been oriented toward the reality problems of the 40s, 50s, 60s, and 70s.

What are these reality problems of 2000 likely to be? (Fortunately, I can treat this as an academic exercise). No one really knows, of course, but it is useful to speculate. Here are my speculations concerning those trends that are likely to involve counseling psychologists:

The single cycle sequence of family life, education, work and labor force retirement will break down. Education will be a life long process, interspersed and interacting with work and family.

There will be more explicit attention to a broader scope of life skills. Just as we now have organized training in educational skills and job skills, so there will be organized training in family skills, community skills, recreational skills, and so on.

Mental health will be a recognized aspect of our total health system. Just as we go to the dentist twice a year and have an annual medical exam, so we will periodically go to the psychologist for a "psychological checkup."

In all of the above, counseling psychologists, with their history of dealing with the normal, everyday reality problems of the entire spectrum of age and level of adjustment will have an increasingly important role to play. They will be located in a variety of settings: educational institutions, government, community and social agencies, and private business and industry. And if psychology ever develops a "general practitioner" (as I think it will), professional training in counseling psychology will be the best preparation for this role. (p. 22)

Many of these predicted have now emerged as reality. We note also that advancements in "futuristic science," as in other fields, are making it possible to be increasingly accurate in seeing the future.

For community, agency, and other counselor settings, it is appropriate to note that the increased attention to prevention, multicultural, family, and career issues will apply to non-school counselor settings as well. For example, the growing European and Asian economic competition, as well as the trend among U.S. companies to move their production to locations where workforces are more efficient and/or cheaper, have mandated the development in the United States of a world-class work force. This has necessitated training and retraining, plus worker transitions to new careers and locations. For orderly and meaningful career planning and development, career counseling has been increasingly in demand in the public sector. Because of the potential for at least temporary unemployment or underemployment and the accompanying frustrations, people abuse, substance abuse, and crime will continue to be national social concerns unless the major nonschool institutions of society (government, business, and industry) demonstrate more caring through counselor-directed human assistance programs.

Counselors in nonschool settings must be prepared for the fallout from an older workforce; a drastic scaling down of traditional promotional opportunities in many fields; more women in management positions; the downsizing of government, military, and related industries leaving the former workers of these organizations seeking new options; and the creation of a large pool of workers in temporary or transitional jobs. We also must be aware of the rapid scientific and technological advances that have moved us well beyond the computer revolution into a new age of communications, home-based economic ventures, and human services via the Internet. Thus, although the future will present many opportunities for counselors, whether we as a profession serve the population will depend to a large degree on how vigorous and successful we are in communicating to the political and general publics our capabilities and readiness for rendering our much-needed services in the decades ahead.

INTERNATIONAL SETTINGS: COMMUNITY/AGENCY COUNSELORS

School counseling programs and counseling services in a variety of nonschool settings are developing rapidly in a number of other countries. Descriptions of counselors functioning in several of these settings in other countries are presented in the following pages.

A DAY IN THE LIFE OF MARGARET JARVIE EDINBURGH, SCOTLAND*

It began with the telephone ringing about 7:30 A.M. (In the Scottish scene, that is early. Nine A.M. is the usual time for beginning the working day. However, I run a company, called Interface, which offers a 24-hour, seven days a week, counselling service. Fortunately, it runs from my home and, therefore, provided I am sufficiently wide awake to attend to the caller, it does not matter greatly whether I am in a state of dress or undress. I dread the introduction of video telephoning!

On this occasion, it was a request for a counselling appointment from a client who was clearly trying to hold back the tears. Having assured her that it was all right to cry, it was fully 10 minutes before she was sufficiently composed to give me some information about what was troubling her. It was a relationship problem. As she was telephoning from approximately 250 miles away, I would need to arrange for her to see a counsellor much nearer to her than I was. Nonetheless, I encouraged her to continue to talk to me until she was calmer. I also needed her to continue to talk so that I could make some assessment of whether or not she was potentially suicidal. Fortunately, she was not.

Our conversation finished with my promising to get one of our counsellors to contact her within 24 hours to make an appointment and assuring her that she would be seen by the counsellor within a few days. I also informed her that she should not hesitate to phone me if she felt the need to talk to someone. I explained that the service was a 24-hour one and that, if I was not here, the calls would be diverted to another counsellor.

Interface began in 1986 when I was first appointed to be Hewlett-Packard's counsellor and expanded in 1988 when I was asked by one of our national banks to help its staff after a raid situation. Having agreed to try, I had to ask some other counsellors to help me as I already had a full-time job teaching in one of the local universities. After I retired from working at the university, both companies asked me to continue to be their counsellor. When I agreed to do so, the bank immediately changed my contract into one which offered a general counselling service to all employees anywhere in Britain. At that point, Interface became an employee assistance provider (EAP).

One of the tasks facing the reconstituted Interface was to set down the principles on which our work would be based. One of these was that clients would be seen within a few days of asking for help. In Scotland, for historical and cultural

reasons, there is still a hesitancy about going for counselling and, on occasions, it takes considerable courage for a client to ask for help. I, and my associates in Interface, therefore decided that, whenever possible, we would respond quickly. In the instance mentioned, the counsellor with whom I had contact was able to arrange to meet the client later on the day that the request was received.

After breakfast, I tackled my mail. It was the usual mixed bag. It contained invoices from several of our counsellors whose monthly billings are due to reach me by the beginning of next week when I shall collate the information contained in them and dispatch the invoices to the companies who employ us. As well as the invoices there were some Completion Forms. These are forms completed by our counsellors at the end of each case, which gives us very little information but does enable us to give statistical feedback to the company without disclosing anything personal about our clients and, at the same time, enables the company to identify any trends.

The kind of information the form contains is what were the main reasons for seeking counselling; were they mainly work or non-work related; did the counsellor think that all, most, some, or none of the client's issues had been resolved; how many sessions the client has had; and whether or not the case is continuing on a private basis. As one of our principles is that we shall not abandon a client until they are able to function independently, we have had to face up to the implications of what that means when we are employed on the basis of a limited number of sessions. Right at the beginning of working with any company, we negotiate a contract that stipulates that if both the client and the counsellor think that a few more sessions, in addition to those stipulated, will conclude the case, we may contact the company and ask for an extension without breaking confidentiality. If that is not enough, the counsellor and the client are allowed to convert the contract into a private one.

Among the other items in my mail was a request from the professional body to carry out an assessment of a course that Highland College wants to offer and for which the college is seeking validation. As education is a top priority with me, I gladly accepted this invitation. Also included in the mail was a request from a company for our literature. Fortunately, we now do have literature. For years, we resisted having some printed on the basis that we did not need it because we have never had to look for work. Companies, as well as private individuals, have tended to seek us out, so we have not had to market ourselves.

The same applies to recruiting new counsellors. We get a considerable number of applications to join us. We demand high standards both in respect of qualification and reputation from our counsellors, and our vetting system is a rigorous one. However, what pleases us enormously is that our reputation for being a good company to work for is spreading. This has surprised us because we pay the minimal going rate while some of the bigger EAPs pay considerably more. What our counsellors tell us is that what appeals to them is that, in spite of the fact that there are now over 200 counsellors throughout Britain working for us on a part-time basis, they feel that they are personally known to us and that they feel that they are part of a team working with a counselling company whose principles they approve of. That pleases us. We have reserve lists of counsellors waiting to join us.

The mail also includes letters from counsellors. Some of these are in response to an invitation I have extended to our counsellors in Cheshire to join me for lunch next Tuesday. I have a morning appointment with the staff of the human resources division of one of our companies and thought that, as I am rarely in that part of the country, I would take the opportunity to catch up with our counsellors before flying back to Edinburgh.

Attending to the mail and to the e-mails takes me about 2 hours, but doing so extends considerably beyond that time because the telephone rings frequently for a variety of reasons. Sometimes it is clients looking for appointments, sometimes it is counsellors wanting to discuss something or other, sometimes it is requests for information. Today it includes a request to talk at the local meeting of the Association of Counsellors at Work, a subsection of our professional body. They want me to lead a discussion on the pros and cons of an integrative versus an eclectic model of counselling. That's a tall order and will take a considerable amount of preparation!

Another e-mail asked if we could supply a counsellor to be on the premises while a nonroutine interview was taking place. A nonroutine interview is where a member of staff is disciplined. After a suicide, we helped this company to review its disciplinary procedures. Part of the new procedure is that the employee will be offered counselling immediately *after* the disciplinary hearing. This means a counsellor has to be present in the building but, I hasten to add, definitely not involved in the disciplining.

A pleasant interruption to my responding to the mail occurred today when a very beautiful bouquet of flowers was delivered. Two days ago I met with a man who wanted information about how to train in counselling. I spent a pleasant hour trying to inform him. The flowers were his way of thanking me. Getting them was a lovely surprise.

In the afternoon, I had two supervision sessions. The first was a trainee who is on his practicum. The other was a counsellor who has been successful in her bid to establish a counselling service in the maternity section of our local hospital. The service is for parents who lose their babies. In between these two sessions I had time to do a bit more of my preparation for the diploma course that I am running for members of the Lorn Counselling Service. Lorn is in Argyll, which is a sparsely populated area in the west and includes some of the inner isles of the Western Hebrides. I am committed to taking courses to outlying districts, so I am very pleased at having been asked to do this. It does, however, mean a three-and-a-half-hour drive each time I go up.

My day closed with a 3-hour teaching stint on a Certificate in Counselling Skills in a further education college located about 20 miles from Edinburgh. Having got home about 10:00 P.M., I was tired but well satisfied. Although I had not done any one-to-one counselling, I had done some teaching, which I thoroughly enjoy doing. So, my day had finished on a high.

*Margaret Jarvie was a counsellor in private practice, EAP director, and counsellor educator when she wrote this. She died on April 12, 2004.

A DAY IN THE LIFE OF A SCOTTISH COUNSELLOR IN PRIVATE PRACTICE*

Without being awkward, fanciful, or inaccurate, I can safely state that my life as a counsellor holds no two weeks the same. Each day is varied, interesting, and different—a definite attraction of my chosen career path. Naturally some routine may creep in, perhaps taking the form of a weekly commitment, for example a regular college class input at a set time on a specific day each week or a monthly supervision session arranged a few months in advance. Most of my training demands are on a short-term or modular basis, which is advantageous for committing to future pieces of work.

On thinking about a “day in my life,” it has been useful to check back in my diary to give me an indication of the distribution of my time. Perhaps the most obvious trend is the inconsistencies from day to day. Some days I can see up to eight clients whilst on others I may see one or two or none! In my defence, this is not all poor time management on my part, but rather attempting to accommodate the clients’ days off, shift patterns, lunch hours, baby sitting arrangements, and so on.

On days I have fewer contact hours, there is no excuse but to catch up on case notes, phone calls, filing, or some current reading material. You will have gathered that I am not purely a counsellor as I also supervise both trainee and qualified counsellors either on a private basis or for organisations. In addition, as an accredited trainer I run various courses, including the recognised COSCA (formerly The Confederation of Scottish Counselling Agencies) counselling skills modules, and I am a visiting lecturer in counselling skills at a local university for a few hours a week.

A typical day? I try not to make appointments before my two school-age children leave mum to get on with “seeing the worried people.” It is usually a surprise to check my diary, on which I am totally reliant, to confirm the day’s proceedings. Ideally, I like to begin the day with some exercise, which varies and includes running, squash, tennis, swimming, or if entirely unavoidable, the dreaded gym. This somewhat energetic start helps me focus on the hours ahead and is in direct contrast to the potentially sedentary nature of the rest of my day. If this is not possible due to other commitments, I try to schedule it in later in the day. I do make a conscious effort to leave spaces between sessions, and although I do have a waiting room there is usually no one there to answer the door. A space between sessions therefore makes sense. Sessions adhere to a “50-minute hour,” leaving time to make another arrangement if required. Somewhere along the way I do try to fit in a light meal or snacks. I make every effort to keep any noise and possible disruption to a minimum. However, there is always the client who arrives early, at the wrong time, on the wrong day, et cetera, and I have to make the difficult decision whether to interrupt the session to answer the door. This is also the case for any caller. I have no way of telling who is on the other side of the door! Our ever-changing persistent postmen often have to be educated. Most friends and neighbours know and respect the nature of my work and check before calling. The telephone is

simply in another room with the answering machine to take messages. Many interested parties when acquainted with the fact that I work at home often ask if I'm not tempted to become involved in housework and other domestic chores. Well, I can categorically state that mainly due to my anathema to household duties, this is not the case! Occasionally it has been known for me to load the dishwasher in a spare 10 minutes or to throw a few dishes in the sink at the news of a cancellation, but I am never prone to getting too carried away. I do, however, have a little treasure in the form of Hazel, "my lady who does," who comes in once a week to wash, clean, polish, and iron. She, too, is respectful of the need for a noise-free zone and vacuums between sessions.

The fact that I mainly work at home also raises the question from the curious as to whether I'm not tempted to while away my spare moments in front of the television or other idle pursuits. Again, I think it is fair to state that this will only happen on the rare occasion, and due to the inevitability of working quite a few evenings, I am justified in having some "chill out time" now and again. On the other hand, I do think working for yourself in your home environment demands a certain self-discipline and conscientiousness.

In relation to being home-based, I do try to keep the room comfortable but not too cosy with the distinction made between displaying pictures as opposed to personal photographs. My framed qualifications are also visible for all to see. I have the usual setup of chairs facing, which are rearranged to accommodate couple or family work. A small occasional table offers a glass of water each and a box of tissues. Interestingly, I do offer supervisees coffee or tea, perhaps highlighting a perceived difference in our relationship. There is a CD and tape machine facility in order to play relaxation or guided fantasy tapes if appropriate. I also have on display a variety of drawing materials, clay, buttons, plastic animals, stones, et cetera for more creative forms of expression.

Back to my time-management, I do try to keep evening work to a minimum, but due to issues around babysitting, confidentiality, not wishing to come in work time, reliant on husband/wife's car, et cetera, this is sometimes unavoidable. Weekends I keep faithfully clear of client work—a time for friends and family. However, this seems to be a prime time for courses and workshops—both facilitating and participating so I endeavour to spread these out as much as possible throughout the year. This is an essential and recognised part of my role. As an accredited counsellor I am required to complete a number of hours each year as a contribution to my professional and personal development. Possibly as important, the life of a home-based counsellor is potentially an isolated one. I feel I have a need to meet, mingle, and network for my sanity and socialisation!

The question of safety is often raised when I disclose my chosen career and situation. This, to date, has not been a problem, but I am aware that I tend to see first time and particularly male clients when my partner is about. I also have access to a room in the town centre if for reasons of accessibility or safety this is deemed more appropriate. Occasionally, I do make home visits, but as this setting

can raise many issues, including lack of control over environment, safety, and the time factor, it only tends to happen for good reason.

I have been known to take a telephone referral, mainly for geographical or health reasons. I am also about to enter the world of online counselling with not a little apprehension and, as yet, need to be convinced of its effectiveness. Ideally, I work face-to-face with a wide and varied caseload. This would include a cornucopia of presenting issues from an inclusive age range of individuals and couples with the occasional family. I do some private work for which I offer a sliding fee scale. I am, however, reliant on employee assistance programmes for the majority of my referrals.

As EAPS work with many different companies and organisations, I must make a considerable effort to keep on top of the numerous systems that exist. Each EAP provider has a unique set of paperwork, case management style, number of sessions, and follow-up procedures. The varying demands of each provider do influence my record keeping and note taking. This said, I do keep at least brief notes for all clients.

Before a session, I refer to the previous meeting if only to remind myself of names of partners, children, dogs, and significant others.

I have to state that over the years I have been challenged by some clients' companions. These have included a baby who just might require to be breast-fed mid-session; an energetic Dalmatian puppy who could not possibly be abandoned in the car on such a hot day; a robust toddler who was too much for the child minder; a neighbour who thought she might like to try it and wants to see what we do; and many partners who feel duty bound to attend. These are not conducive conditions for counselling and often a decision has to be made as to whether to rearrange our time together. To me, it illustrates some clients' and sometimes their dependents' difficulty with the concept that this time is exclusively for them.

In conclusion, I am aware that I have barely referred to my approach, which is eclectic with a person-centered bias. From this position, I believe wholeheartedly that the effectiveness of my work is based on our relationship. If I can offer the core conditions of empathy, unconditional positive regard, and congruence, hopefully the client will feel safe and trusting enough to make for meaningful and worthwhile time together. As long as I believe this to be happening, I will continue to pursue a career in the counselling world!

*Contributed by Maggie Murray Harris, Edinburgh, Scotland.

EMPLOYEE ASSISTANCE PROGRAMME OF BERMUDA*

An employee assistance program offers a wonderful opportunity for counsellors who are looking for a lot of variety and stimulation in a team work environment. The program of which I am executive director is a nonprofit consortium of 200 member companies, and we provide services to over 17,000 employees and their immediate families. A member company pays, in advance, a fee to cover all its employees for a

year, so that employees and family can see us at no cost to themselves. The EAP therefore opens up the doors to counselling for a huge number of people who may otherwise not have the means or motivation to seek help privately.

We service many types of organizations, including government, banks, insurance companies, law firms, retail, schools, hotels, to name a few, and we see all tiers of the organization, from the CEO down to junior staff members. And we deal with all types of problems: relationship, family, psychological/emotional, substance abuse, grieving, etc. Our focus is on assessment, referral when appropriate, and short-term counselling, but we also provide critical incident debriefing, case management, supervisor consultation, and workshops on EAP and mental health issues.

A counsellor's typical day may include four sessions with individual clients, an EAP orientation with a member company, a meeting with staff, and an hour to do phone calls and client notes.

As the executive director, my tasks are many and varied. I must respond to the demands of my board of directors, the staff, and member companies. As I enjoy counselling and continue to develop my skills, I also maintain a client load of 6 to 12 clients.

A typical (is there such a thing?) day would start at 8:30 A.M. with chatting casually with my colleagues for a few minutes and checking the schedule for the day, as well as telephone and e-mail messages. If this is a staffing day, we would then have a 2-hour meeting when all the counsellors present all their new cases and any other cases that they need help with. As we have four full-time counsellors, as well as any clients I may have, it can be quite a challenge getting everything accomplished in 2 hours. For new cases, typically three to five each counsellor, the counsellor provides brief demographics for the client, as well as presenting problem, assessment, and plan. Other cases may be more time-consuming as the counsellor seeks input from colleagues on how to move forward with a case. Due to the nature of our community and some limitations on available resources, we do a lot of short-term counselling at our EAP, and thus input from others is valued so that we can effectively, albeit quickly, help the many people we see within the six- to eight-session model we attempt to follow.

After staffing, I may have an hour or two to do some administrative work as well as respond to phone calls and any case management I may have. After a lunch break, which I often take in the staff room so I can "catch up" with my colleagues, I may then have a meeting with a new company to implement a contract. Back at the office I may then have one or two clients, or administrative tasks to complete.

Every week the staff meets for an administrative meeting, at which time any issues may be discussed relating to projects we are working on, policies and procedures we are constantly working on, or any issues of concern to staff. I also meet with my chairman every few weeks to get feedback and support on issues as they arise, and I meet with the executive committee monthly and the entire board quarterly.

In an EAP such as ours, there is a lot of scope for development. EAP's are constantly looking at better ways to provide a quality service to member companies

and their employees. It is always important to focus on the core services that people have traditionally expected of an EAP, but there are many areas that can be developed, such as wellness, mediation, organizational development, work/life programs, risk management, elder care, and conflict resolution.

EAP work is always interesting and varied in terms of activities performed, type of problems presenting, and the cross-section of people seen. It provides great opportunities for personal and professional growth, and a true sense of helping a lot of people in the community.

*Written by Ms. Martha Pitman, Executive Director, December 2001.

SUMMARY

An article in *Better Homes and Gardens* noted that “if you graduated from high school before 1960, chances are the only school counselors you have known are your child’s (Daly, 1979, p. 15). This chapter assumes that most of those who graduated from high school before 1960 also knew little about how their counselors were trained or licensed and had little familiarity with their role and function. Perhaps this very lack of understanding has led the counseling professionals in the past decade to move more energetically into the public communications arena to “tell what they’re about,” upgrade their training, and seek protection of their profession from unqualified intruders through certification and licensure. Much has been accomplished in a short period if one considers that at the turn of the 20th century, there were no counselors in schools. More than 100 years and approximately 248,000 school counselors later, we can identify tremendous progress in training, certification, and practice.

Counselor training today is available at the master, specialist, and doctoral levels, and in postdoctoral courses. All states specify some type of counselor preparation or certification for employment in school settings, with the exception of postsecondary institutions. These requirements in general reflect role and function expectancies. Differing characteristics of various school levels, settings, and clientele, by necessity, result in variations in that role and function. However, school counselors cannot go it alone. They must view themselves as member players on the school team and work for the cooperation and contributions of teachers,

administrators, and other helping professionals who are vital to the success of any school counseling program.

School counselors and school counseling programs must be able to adapt to the demands of the future if they are to become or remain relevant and valuable to the populations they are intended to serve. This is, of course, no less true for counselors functioning in various community and agency settings.

This chapter has also discussed the role, function, and training of counselors for community and various agency settings. Community mental health agencies are perhaps the most versatile in terms of their readiness to deal with a wide range of developmental as well as remedial needs. Also, the staffing of these agencies is usually more diverse, often including professionals trained in medicine, social work, and psychology. If one is seeking less conventional settings, many communities have crisis centers, hotline counseling, open-door agencies, centers for human growth, and other nontraditional approaches to providing mental health services.

Assume you have a problem, and you need to see a counselor, but you are no longer in school, and besides, your old school counselor is too busy with the current student body. What are your options? This chapter has suggested a number of similar situations as opportunities for both employment as counselors and assistance for clients in nonschool settings.

If your problem is one of career decision making or job placement, you might want to seek the assistance of a government employment office counselor (unlike private employment agencies, government employment offices charge no fees and are more likely to employ trained counselors). Additionally, career counseling

centers, both government and nongovernment sponsored, are available in a number of communities. These specialized centers are also popular on college campuses.

Of course, if you are confined to a correctional institution, your only option may be your institutional counselor. Unfortunately, in many such institutions counseling personnel may not be employed.

For assistance in overcoming a physical or mental disability, rehabilitation counselors can be a valuable resource because they have received special training to work with the developmental needs of the disabled. Veterans can seek such assistance through the Veterans Administration, of course, and other “rehab” counselors may be found in community and other governmental agencies and hospitals. A small number are in private practice.

If your problem is marriage or family related, there can be help for you too, since marriage and family counseling is a growing area of specialization. Like many of your friends and neighbors, you may turn to your family clergy. The likelihood is increasing that your minister, priest, or rabbi will have received some counseling preparation in his or her ministerial studies or will have some assistant specially trained to provide counseling services. Another source of counseling assistance, if you are by chance a member of the armed services, would be your service counselor. If you are among our older readers, specialized counseling assistance may also be available to you to help you plan for your retirement or other needs.

A final option, one that would probably cost you more dollars, is to seek out a counselor in private practice. Large population centers, university-oriented communities, and upper socioeconomic suburbs are the more likely habitats of the private practitioners. Obviously, evidence of appropriate training, such as licensure, is important for private practitioners.

Having examined the historical development of our profession, the activities of counselors, and their role and function in various school and nonschool settings, we now move to a more detailed examination of specific counselor services and activities. We shall begin in the next chapter with our most important skill and service: individual counseling.

DISCUSSION QUESTIONS

1. Discuss contacts that you can recall during your schooling with differing helping professionals (e.g., school psychologist, school social worker, school counselor, school nurse, and other health personnel). Compare the role of each of these in the school program.
2. As a potential counselor, are there some special preparations or subjects that you would like to have as part of your training program? Identify and present a rationale.
3. Discuss the “ideal” work setting you would like to enter upon graduation with your counseling degree.
4. Is there a preferred community or environmental setting you would hope to reside in? Discuss.
5. Should all counselors for school and nonschool settings come under one broad general counseling license? Discuss.
6. Should counselors in community agencies be involved in such community problems as substance abuse, crime and delinquency, the homeless, unemployment, and so on? If so, in what way?
7. How should school counseling programs respond to major societal programs such as substance abuse, child abuse, AIDS, school dropouts, underemployment, the homeless? Are there other major societal problems that school counseling programs should address? If so, what are these problems and how should school counseling programs respond to them?
8. Discuss the growth of specialty areas in the counseling profession (e.g., marriage and family, sports, gerontology). Are there other areas of counseling specialization that you see emerging in the next 25 years?
9. How can the counseling profession increase the public’s awareness and appreciation of counseling services and their potential contribution to our society?

CLASS ACTIVITIES

1. Interview a minister, rabbi, or priest regarding the counseling aspects of his or her ministry.
2. Assume you (the class) are a group of experts called together to formulate a model school counselor

preparation program for the first years of the 21st century. Outline such a model.

3. Survey a small sample of your community population to ascertain their perceptions of the profession of counseling and their awareness of local school and agency counseling services. Discuss the implications of your findings.
4. Identify some activities that elementary, middle, and high school counselors might use to facilitate students' learning and practice of human relationship skills necessary in the school setting, with special attention to the elimination of racial, religious, or economic prejudice. Share with your classmates.
5. Explore a counseling specialty area you are interested in (e.g., schools, rehabilitation, marriage and family). Provide up-to-date information from professionals and current literature in the field. Report findings to your classmates.

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RESEARCH OF INTEREST

4

Individual Counseling

Counseling is, of course, the single most important activity in which counselors engage. They are called counselors not because they give tests, offer career planning information, or provide consultation but because they counsel. Counseling is a skill and a process distinguished from advising, directing, perhaps listening sympathetically, and appearing to be interested in many of the same concerns as professional counselors. To introduce this topic, the objectives of this chapter are to (a) orient the reader to traditional and popular theories of counseling, (b) introduce and briefly discuss the counseling process, and (c) examine some basic counseling skills.

Individual counseling has, since the early days of the movement into both school and nonschool settings, been identified as the heart of any program of counseling services. All other professional activities of the counselor lead to this most important function. Test results, career information, and autobiographies are all relatively meaningless if they do not provide information that enhances the effectiveness of the counseling process.

Many definitions of counseling are available to students of counseling. There are semantic differences, of course, but most definitions begin by suggesting that individual counseling is a one-to-one relationship involving a trained counselor and focuses on some aspects of a client's adjustment, developmental, or decision-making needs. This process provides a relationship and communications base from which the client can develop understanding, explore possibilities, and initiate change. In this setting, it is the counselor's competence that makes positive outcomes possible. The counselor's skills and knowledge provide the appropriate framework and direction that maximize the client's potential for positive results. Untrained and unskilled helpers, regardless of their best intentions, cannot duplicate the functions of the professional counselor.

Though counseling is viewed as a helping relationship, with the counselor as the helper, it is also a relationship in which the client must assume some responsibility to participate fully, cooperatively, and willingly. Only then can the potential benefits of the counseling relationship and process be realized.

Counseling can have as its goal any or all of the following: (a) providing information, (b) assisting the client in problem solving, (c) initiating change, (d) client motivation, (e) providing support, and (f) educating the client. Counseling programs for specific populations (e.g., schools, EAP work settings, institutions, etc.) may have programs aimed at these populations with goals such as prevention, motivation, development, retention, intervention, and guidance. The overall goal is always to help each individual become the best that they can become.

THEORIES OF COUNSELING

Because the various definitions of counseling differ little in actual meaning, one might assume that all counselors function similarly in like situations—that, like so many robots, we would all respond similarly, interpret client information in the same manner, and agree on desired outcomes in specific counseling situations. Thus, a chapter on counseling techniques might read like a cookbook in which recipes were specified for the kinds of situations and the kinds of outcomes desired for these situations. Of course, nothing could be further from the truth. As definitions vary in counseling, the approaches that professional counselors use vary even more. Although the variety of these approaches may, at times, confuse the beginning student and the general public as well, it is fair to say that unlike recipes, they have proven useful in the provision of counseling services to various populations. These approaches are usually distinguished and described under their theoretical labels.

Theoretical models for counseling have their origins in the values and beliefs of persons who, in turn, have converted these into a philosophy and a theoretical model for counseling. These values and beliefs form a rationale for what one does, how one does it, and under what circumstance. It predicts probable outcomes for different sets of conditions. Theory summarizes the information base of the philosophy and draws conclusions.

For the beginner, as well as the experienced counselor, theories provide guidelines that have been tested by experienced counselors. They explain behaviors. They may predict desirable or undesirable outcomes in given circumstances. Theories can also assist counselors in organizing client data into a coherent and meaningful framework and the development of counseling strategies appropriate to the situation.

Of course, research has played an important part for the established theories in bridging the gap between theory and practice through verifying or proving theoretical premises. This progress from theory to practice is depicted in Figure 4-1.

In the next section, we present brief descriptions of some of the popular counseling theories. Counselors in training, and certainly the proactive professional counselor, should be knowledgeable about the popularly recognized theories of counseling their premises, characteristics, differences or similarities, and implications for practice. Note, however, that these and other recognized theories in the field of counseling provide only a base that the practicing counselor will modify to suit both the unique situation in which he or she functions and his or her unique personality.

The roots of these traditional theories of counseling are in European and North American cultures. The pioneering theorists did not consider multicultural perspectives in their work. Thus, all these theories can be enhanced by multicultural awareness and considerations. In fact, counselors who fail to recognize the unique cultural background

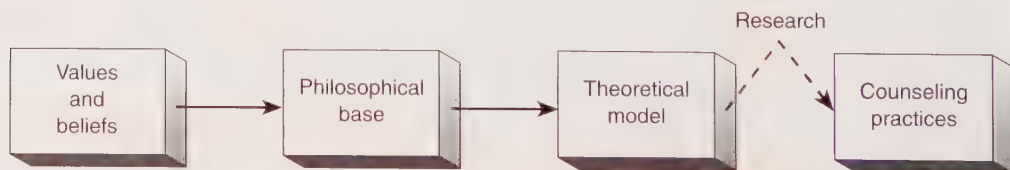


Figure 4-1 Bridging the gap from theory to practice.

of clients from diverse backgrounds will handicap their client interaction. This suggests that counselors consider the extended background family, support networks, coping styles, and so forth, plus the cultural context of the client for integration into their theoretical orientations.

Finally, we believe that eventually every counselor will adopt the theory or combination of theories, plus a multicultural perspective, that is most appropriate for him or her; with which he or she is most comfortable and effective; and that reflects what he or she is as a person *and* a professional.

Psychoanalytic Theory

For beginning counselors, the study of psychoanalytic theory is more important from an historic perspective than as a model for adoption. Sigmund Freud and Freudian therapy have been prominently associated with the practice of psychoanalysis and psychotherapy throughout this century and influenced the development of numerous other theories as well. Freud developed and popularized worldwide the first accepted comprehensive theory of personality development, which included not only a theory of personality but also a method of therapy. Freud broadened the field of psychology and gave it a new and exciting look, though not without controversy, and assured himself of a prominent place in the history of the fields of counseling, psychology, and psychotherapy.

Psychoanalytic theory views the personality as divided into three major systems: the id, the ego, and the superego. The id is inherited and thus is present from birth. The id is believed by many to work on the pleasure principle and provides the drive for the pursuit of personal wants.

The ego is viewed as the only rational element of the personality. The ego also has contact with the world of reality. Because of this contact with reality, it controls consciousness and provides realistic and logical thinking and planning and will moderate the desires of the id.

The superego represents the conscience of the mind and operates on a principle of moral realism. It represents a person's moral code, usually based on one's perceptions of the moralities and values of society. As a result of its role, the superego in a sense is responsible for providing rewards, such as pride and self-love, and punishments, such as feelings of guilt or inferiority to its owner.

In this triangle, the superego, because it resides largely in the subconscious, is most aware of the impulses of the id and seeks to direct the ego to control the id. As a result, psychoanalytic theory views tension, conflict, and anxiety as inevitable in humans and that human behavior is therefore directed toward reduction of this tension. In this context (reduction of tension) Freud's youngest daughter, Anna, further advanced psychoanalytic theory when she expanded on the concept of defense mechanisms. These may be characterized as mechanisms that help individuals reduce tensions by adapting or adjusting to situations through distortion or denial that would otherwise create high levels of stress or anxiety. It is fair to say that all of us use these techniques on occasion—perhaps to assuage our guilt feelings regarding something we failed to do or to tell ourselves (and maybe others) that we were not supposed to do it in the first place. For the most part, these are normal behaviors and operate at an unconscious level. Of course, excuses can be of concern, for example, when an individual rationalizes his or her consistently inappropriate and destructive behavior.

The following are several commonly employed defense mechanisms:

- **Repression** represents those memories, feelings, and thoughts that are stored in the unconscious because their recall may be painful or fearful. Much of what is repressed occurs in childhood and therefore may not be readily verbalized. Because repression is usually limited to specific areas or topics, only behavior related to the area will be affected. Repression is viewed as the basic defense mechanism, and psychoanalysis seeks to bring the repressed into the conscious.
- **Rationalization** is a commonly practiced defense mechanism that seeks to justify or provide a seemingly reasonable explanation to make undesirable or questionable behaviors appear logical, reasonable, or acceptable. It is frequently used to modify guilt feelings because the valid or true explanation for the behavior would produce feelings of guilt or anxiety.
- The return to an earlier form of behavior or stage of development is called **regression**. This usually occurs when the more mature or appropriate behavior is blocked by feelings of uncertainty, anxiety, fear, conflict, or lack of reward. In some instances, it will also represent a retreat to earlier responses.
- **Identification** gives one satisfaction or compensation by identifying with others and their achievements. In identification with others, an individual may actually acquire new and useful behaviors.
- **Displacement** represents movement away from one object to another that is less threatening or anxiety producing. A common form of displacement is sublimation, wherein unacceptable urges may be channeled into more acceptable behaviors as, for example, the conversion of sexual interests and energy into nonsexual activities such as sports, religion, work, and so on.
- **Overcompensation** (reaction formation) is the display of behaviors as attitudes that represent the opposite of one's repressed feelings. Anxiety and guilt feelings are repressed and their opposites expressed instead.

In summary, these and other defense mechanisms represent behavioral responses designed to protect the individual's current self-concept against threat.

In the psychoanalytical context, then, reducing tension becomes a major goal of counseling. Because personality conflict is present in all people, nearly everyone can benefit from professional counseling. Inasmuch as the psychoanalytic approach requires insights that in turn rely on openness and self-disclosure, multiculturally oriented counselors would be aware that some Asian, African, and Native Americans would see these traits as signs of immaturity.

Psychoanalytic theory usually views the client as weak and uncertain and in need of assistance in reconstructing a normal personality. The counselor is in the role of the expert who will facilitate or direct this restructuring. The client will be encouraged to talk freely, to disclose unpleasant, difficult, or embarrassing thoughts. The counselor will provide interpretation as appropriate, attempting to increase client insights. This in turn may lead to working through the unconscious and eventually to achieving the ability to cope realistically with the demands of the client's world and society as a whole. In this process, among the techniques the psychoanalytic counselor may employ are projective tests, play therapy, dream analysis, and free association, all of which require special training, usually available only at the doctoral level.

Individual Psychology

Individual psychology is often called Adlerian therapy, since its initial developer was Alfred Adler, a colleague of Freud who disagreed with Freud on some basic issues. This disagreement led Adler to break away entirely from Freud's circle. The works of Adler have had, in turn, a profound impact on many therapists who followed him, such as Albert Ellis, Victor Frankl, Rudolf Dreikurs, Rollo May, and William Glasser.

Individual psychology **sees the person holistically and focuses on the uniqueness of individuals**. Adler's view of humans offered a positive and refreshing alternative focus to Freudian psychoanalytic theory. At the core of his theory was the belief that there exists within the human being an innate drive to overcome perceived inferiorities and to develop one's own potential for self-actualization, and that, given a positive environment, this growth will take place.

What is it that keeps a person from moving in a fast and easy manner toward this full realization of self? For Adler it was feelings of inferiority. A person permits himself or herself to experience these feelings through three sources: (a) our biological dependency and dependency in general as infants, (b) our image of ourselves in relationship to the grandeur of the universe, and (c) organ inferiority. The drive within ourselves, however, enables us to compensate for these feelings and strive for superiority and perfection.

Adlerian theory has been, on occasion, referred to as socioteleological for its viewpoint of individuals constantly striving to achieve their goals. Adler also stressed the importance of developing the client's social interests and reeducating clients so that they can live in society as one who gives to as well as receives from the society.

When a person comes for therapy, it is assumed that he or she is experiencing incongruence and discomfort in (a) work, (b) friendship, or (c) love. The counseling process then is seen as a means by which the therapist and counselee work together to help the counselee develop awareness, as well as healthier attitudes and behaviors, so as to function more fully in society on the more useful side of life. Developing social interest is seen as the salient variable of one's mental health.

The Adlerian counseling process **involves** four stages: (a) establishing relationship, (b) diagnosis, (c) insight/interpretation, and (d) reorientation. In the first session the counselor establishes a relationship with the client through a subjective/objective interview in which the client is helped to feel comfortable, accepted, respected, and cared about. Through an objective component of the interview, the client is encouraged to explain what specifically has helped him or her determine the need for counseling. The client is asked to discuss how things are going in each of the life task areas. Also during this first session the counseling process is explained and discussed with the client. The diagnostic stage involves the lifestyle interview, a formal assessment procedure that looks at matters such as family constellation, perceptions of self in relationship to siblings, perceptions of parents, early recollections, and recurrent dreams.

The interpretation phase is the time during which the counselor and the client develop insight from the lifestyle interview into the client's "basic mistakes" by analyzing and discussing the convictions, goals, and movement that the client developed early in life and the ensuing thought, emotional, and behavioral patterns and attitudes.

The reorientation stage is perhaps the most critical, for it is in this stage that the therapist helps the counselee to move from "intellectual" insight to actual development and expression

of healthier attitudes and behaviors. Here the client—with the counselor's support, encouragement, and direction—actively pursues changing unhealthy ways of thinking, feeling, and behaving to ways that are more satisfying and healthy for himself or herself and society.

Adler was one of the pioneers in family therapy, which made spin-off contributions to the field of elementary school counseling. Today, concepts of Adlerian counseling are also being utilized in working with children of divorce and/or remarriage.

Person-Centered Theory

Person-centered (formerly referred to as client-centered) counseling is another historically significant and influential theory. This theory was originally developed and described by Carl R. Rogers as a reaction against what he considered to be the basic limitations of psychoanalysis. As a result of his influence, this particular approach is often referred to as Rogerian counseling.

The Rogerian approach stresses the client's capability and responsibility to identify ways to more accurately identify and cope with reality. The better clients know themselves, the more likely they are to identify the most appropriate behaviors for themselves. Rogers emphasized the importance of the counselor being a warm, genuine, empathic, and caring individual.

In understanding the client- or person-centered approach to counseling, it is helpful to be aware of the personality basis for this theory, as presented by Rogers (1959a) in the form of 19 propositions. The lead statements for each of these propositions are as follows:

1. Every individual exists in a continually changing world of experience of which he is the center.
2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, "reality."
3. The organism reacts as an organized whole to this phenomenal field.
4. The organism has one basic tendency and striving—to actualize, maintain, and enhance the experiencing organism.
5. Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
6. Emotion accompanies and in general facilitates goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.
7. The best vantage point for understanding behavior is from the internal frame of reference of the individual himself.
8. A portion of the total perceptual field gradually becomes differentiated as the self.
9. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed—an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me," together with values attached to these concepts.
10. The values attached to experiences and the values which are a part of the self-structure, in some instances, are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, *as if* they had been experienced directly.

11. As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self; (b) ignored because there is no perceived relationship to the self-structure; (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.
12. Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.
13. Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsistent with the structure of the self, but in such instances the behavior is not "owned" by the individual.
14. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.
15. Psychological adjustment exists when the concept or the self is such that all the sensory and visceral experiences of the organism are, or may be assimilated on a symbolic level into a consistent relationship with the concept of self.
16. Any experience which is inconsistent with the organization or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.
17. Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences.
18. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
19. As the individual perceives and accepts into his self structure more of his organic experiences, he finds that he is replacing his present value system—based so largely upon introjections which have been distortedly symbolized—with a continuing organismic valuing process. (pp. 483–524)

In the counseling relationship, six conditions account for personality change in the client. These were presented by Rogers (1959a, 1967).

1. Two people (a therapist and a client) are in psychological contact. (1967, p. 73)
2. The client is experiencing a state of anxiety, distress, or incongruence.
3. The therapist is genuine (truly himself or herself) in relating to the client.
4. The therapist feels or exhibits unconditional positive regard for the client.
5. The therapist exhibits empathetic understanding of the client's frame of reference and conveys this understanding to the client.
6. The therapist succeeds to a minimum degree in communicating empathetic understanding and unconditional positive regard to the client. (1959a, p. 213)

Some of the changes expected from a successful utilization of this approach are these:

- The person comes to see himself differently.
- He accepts himself and his feelings more fully.
- He becomes more self-confident and self-directing.

- He becomes more the person he would like to be.
- He becomes more flexible, less rigid, in his perceptions.
- He adopts more realistic goals for himself.
- He behaves in a more mature fashion.
- He changes his maladjustive behaviors, even such a long-established one as chronic alcoholism.
- He becomes more acceptant of others.
- He becomes more open to the evidence, both to what is going on outside of himself, and to what is going on inside of himself.
- He changes in his basic personality characteristics in constructive ways. (Rogers, 1959b, p. 232)

Thus, Rogerian theory is optimistic in its view of humankind. Clients are seen as being basically good and possessing the capabilities for self-understanding, insight, problem solving, decision making, change, and growth.

The counselor's role is that of a facilitator and reflector. The counselor facilitates a counselee's self-understanding and clarifies and reflects back to the client the expressed feelings and attitudes of the client. Giving information for problem solving in a client-centered context is not usually considered a counselor responsibility. The client-centered counselor also would not seek to direct the mediation of the counselee's "inner world" but, rather, to provide a climate in which the counselee could bring about change in himself or herself.

Another label, *self-theory*, has also been used instead of the traditional labels. This has probably resulted from the emphasis on enhancement of the self, the capacity of one's self, self-actualization, and self-perceptions. Regardless of one's choice of label, this theory, originated by Rogers, continues to exert its influence on the field of counseling.

Regardless of label changes, Rogers's popular writings have, for over 40 years, advanced the public image of the counselor and counseling. His tremendous contributions to the profession itself in the areas of both individual and group counseling created a whole new wave of person-centered counselors and left a positive and lasting impact on the whole field of mental health and the helping professions.

Behavioral Theory

Each of us has our own unique patterns of behavior, and most of us believe we understand at least why we behave the way we do and, perhaps, even the behavior of identifiable others as well. While we may have only anecdotal rather than scientific evidence, we may, nonetheless, as countless others do, develop our own personal theory of behavior. The scientific development of behavioral theory and conditioning can be traced directly from Pavlov's 19th-century discoveries in classical conditioning. Important foundations for the behavioral approach later were discovered from the system of psychology called behaviorism, founded by American psychologist John B. Watson (1913) and expressed initially in his article "Psychology as the Behaviorist Views It."

Significant research and publication on the subject were conducted by Watson, Thorndike, and others, but it was not until B. F. Skinner systematically developed and refined his principles of behaviorism that the behavioral theory moved toward its current popularity. The behaviorist views behavior as a set of learned responses to events, experiences, or stimuli in a person's life history. The behaviorist believes that behavior can be modified

by providing appropriate learning conditions and experiences. The experimental origins of this approach explain the behaviorists' indifference to concepts that cannot be empirically observed or measured. Thus, rather than being concerned with the emotional dynamics of behavior characteristic of the insight approaches of either Freudians or Rogerians, the behaviorist focuses on specific behavioral goals, emphasizing precise and repeatable methods. The behavioral theoretical approach to counseling has grown steadily since the 1950s and today is utilized by therapists in a wide variety of settings. This approach has been successful in the treatment of smoking, weight control and other eating disorders, substance abuse, speech difficulties, behavior problems, and more.

For the behaviorist, counseling involves the systematic use of a variety of procedures that are intended specifically to change behavior in terms of mutually established goals between a client and a counselor. The procedures employed encompass a wide variety of techniques drawn from knowledge of learning processes. A current leader in behavioral psychology, John D. Krumboltz (1966), historically placed these procedures into four categories:

1. *Operant Learning.* This approach is based on the usefulness of reinforcers and the timing of their presentation in producing change. Reinforcers may be concrete rewards or expressed as approval or attention.
2. *Imitative Learning.* This approach facilitates acquisition of new responses by exposure to models performing the desired behaviors.
3. *Cognitive Learning.* This approach fosters learning of appropriate responses by simply instructing the client how he may better adapt.
4. *Emotional Learning.* This approach involves substitution of acceptable emotional responses for unpleasant emotional reactions, using techniques derived from classical condition. (pp. 13–20)

Krumboltz popularized behavioral approaches to counseling as he identified counseling as a way to help people learn to solve their problems. Learning and relearning are viewed as ways to help people make changes. Krumboltz also applied behavioral theory in terms of quantifying and measuring baselines and successes in counseling.

Arnold Lazarus (2000) developed a systematic multimodal approach to counseling and psychotherapy based on a behavioral model. In his model, he uses the acronym BASIC-ID to account for all of the facets of a client's life. Multimodal therapy is not considered behavioral purely because it is based on reconditioning, but rather it is behavioral because it is action oriented and focuses on what is observable.

The cognitive-behaviorists helped popularize behavioral methods of skill practice and homework assignments. Meichenbaum (1977), for example, has created a cognitive-behavioral approach to skill improvement, using self-monitoring and self-verbalization.

Behaviorists believe that stating the goals of counseling in terms of behavior that is observable is more useful than stating goals that are more broadly defined, such as self-understanding or self-acceptance. This means that counseling outcomes should be identifiable in terms of overt behavior changes. Three examples of behavioral change appropriate to counseling are the altering of behavior that is not satisfactory, the learning of the decision-making process, and problem prevention.

In many ways, practicing behavioral counselors follow an approach similar to that of other counselors in clarifying and understanding the needs of their clients. They use reflection, summarization, and open-ended inquiries. But rather than probing for deeper feelings, they

are seeking to better understand dimensions of the client's situation and environment. Feelings are secondary to behaviors. Behavioral counselors attempt to uncover the specific antecedents, circumstances, and consequences of client situations so that they will be able to develop specific goals, objectives, and treatment plans.

Behavioral counselors, however, take a more directive role than many counselors in initiating and directing therapeutic activities. Sessions tend to be structured and action oriented. Behavioral counselors often take on roles of teacher or coach.

Counselors utilizing behavioral theory assume that the client's behavior is the result of conditioning. The counselor further assumes that each individual reacts in a predictable way to any given situation or stimulus, depending on what has been learned.

Gilliland and James (1998) point out:

Most modern behavioral counselors approach the helping process from a much broader perspective than was the case a few years ago. Rather than viewing the counselor as the expert who scientifically develops and imposes behavior-modifying processes on the client, the modern approach strives to involve the client in the analysis, planning, process, and evaluation of his or her behavior-management program. Modern behavioral counselors seek to help the client extinguish a wide range of maladaptive behaviors and learn adaptive behaviors needed to establish and maintain targeted goals and consequences. The counselor collaborates with the client. The counselor is expected to have training and experience in human behavior modification and also to serve as consultant, teacher, adviser, reinforcer, and facilitator. (p. 206)

Hackney & Cormier (1996) point this out:

Characteristics of clients who seem to have the most success with behavioral interventions include:

- People with a strong goal orientation—motivated by achieving goals or getting results.
- People who are action-oriented—need to be active, goal-focused, participating in the helping process (this includes several cultural groups, including Asians and African Americans).
- People who are interested in changing a discrete and limited (two to three) number of behaviors. (p. 213)

Rational Emotive Behavior Therapy

As is often the case, a person, for instance Carl R. Rogers, is associated with the formulation and development of a theory, in this case client-centered therapy. Similarly, rational emotive behavior therapy (REBT), formerly known as RET, was formulated by Albert Ellis. This theory is based on the assumption that people have the capacity to act in either a rational or irrational manner. Rational behavior is viewed as effective and potentially productive, whereas irrational behavior results in unhappiness and nonproductivity. Ellis assumes that many types of emotional problems result from irrational patterns of thinking. This irrational pattern may begin early and be reinforced by significant others in the individual's life, as well as by the general culture and environment. According to Ellis, people with emotional problems develop belief systems that lead to implicit verbalizations or self-talk resting on faulty logic and assumptions. And what a person tells him- or herself is intimately related to the way that person feels and acts.

The main propositions of REBT can be described as follows:

- People are born with a potential to be rational (self-constructive) as well as irrational (self-defeating).
- People's tendency to irrational thinking, self-damaging habituations, wishful thinking, and intolerance is frequently exacerbated by their culture and their family group.
- Humans perceive, think, emote, and behave simultaneously.
- Although all the major psychotherapies employ a variety of cognitive, emotive, and behavioral techniques, and although all (including unscientific methods such as witch doctoring) may help individuals who have faith in them, they are probably not equally effective or efficient.
- Rational emotive behavior therapists do not believe a warm relationship between client and counselor is a necessary or a sufficient condition for effective personality change, though it is quite desirable.
- Rational emotive behavior therapies use role-playing, assertion training, desensitization, humor, operant conditioning, suggestion, support, and a whole bag of other "tricks."
- REBT holds that most neurotic problems involve unrealistic, illogical, self-defeating thinking and that if disturbance-creating ideas are vigorously disputed by logico-empirical and pragmatic thinking, they can be minimized.
- REBT shows how activating events or adversities (A) in people's lives contribute to but do not directly "cause" emotional consequences (C); these consequences stem from people's interpretations of these events—their unrealistic and overgeneralized beliefs (B) about them. (Corsini & Wedding, 2000, pp. 169–170).

Ellis identified a series of 11 values or ideas that are universal in Western societies and inevitably lead to neurotic behaviors.

1. I believe I must be loved or approved of by virtually everyone with whom I come in contact.
2. I believe I should be perfectly competent, adequate, and achieving to be considered worthwhile.
3. Some people are bad, wicked, or villainous, and therefore should be blamed and punished.
4. It is a terrible catastrophe when things are not as I would want them to be.
5. Unhappiness is caused by circumstances that are out of my control.
6. Dangerous or fearsome things are sources of great concern and their possibility for harm should be a constant concern for me.
7. It is easier to avoid certain difficulties and responsibilities than it is to face them.
8. I should be dependent to some extent on other persons and should have some person on whom I can rely to take care of me.
9. Past experiences and events are what determine my present behavior; the influence of the past cannot ever be erased.
10. I should be quite upset over other peoples' problems and disturbances.
11. There is always a right or perfect solution to every problem, and it must be found or the results will be catastrophic. (Hackney & Cormier, 1996, p. 182)

The goal of REBT is to reduce or eliminate irrational behavior. To change such undesired behavior clients have to learn how their thinking, emotions, and behavior are interrelated.

Negative and self-defeating thoughts and emotions must be reorganized so that the client's thinking becomes logical and rational.

The REBT therapist may frequently challenge, provoke, and probe the irrational beliefs of the client. In the relationship the counselor is viewed more as a teacher and the client as a student. As a result, procedures may include not only teaching and related activities such as reading or other assignments but also questioning and challenging, even confrontation tactics, contracts, suggestions, and persuasion. REBT can be applied not only to individual therapy but also to group therapy, marathon encounter groups, marriage counseling, and family therapy.

REBT is frequently relatively short-term and is not helpful with the seriously disturbed. Clients usually have little difficulty in learning the underlying principles and terminology of REBT. Although REBT therapists may challenge clients, such confrontations with minority clients should not bring into question the client's cultural values and background.

Reality Therapy

Another theory of counseling that has gained popularity in recent decades is that of reality therapy, largely developed by William Glasser. Glasser's fairly straightforward approach places confidence in the counselee's ability to deal with his or her needs through a realistic or rational process. From a reality therapy standpoint, counseling is simply a special kind of training that attempts to teach an individual what he or she should have learned during normal growth in a rather short period of time.

Glasser (1984) suggested that reality therapy is applicable to individuals with any sort of psychological problem, from mild emotional upset to complete psychotic withdrawal. It works well with behavior disorders of the aged and the young, and with drug- and alcohol-related problems. It has been applied widely in schools, corrections institutions, mental hospitals, general hospitals, and business management. It focuses on the present and upon getting people to understand that they choose essentially all their actions in an attempt to fulfill basic needs. When they are unable to do this they suffer, or cause others to suffer. The therapist's task is to lead them toward better or more responsible choices that are almost always available. (p. 320)

Glasser (1981) conceptualized reality therapy in eight steps.

- Make friends or get involved, or get along; create a relationship or gain rapport.
- De-emphasize the patient's history and find out what you are doing *now*.
- Help the patient learn to make an evaluation of his or her behavior. Help the patient find out if what he or she is saying is really *helpful*.
- Once you have evaluated the behavior, then you can begin to explore alternative behaviors—behaviors that may prove more helpful.
- Get a commitment to a plan of change.
- Maintain an attitude of "No excuses if you don't do it." By now the patient is committed to the change and must learn to be responsible in carrying it out.
- Be tough without punishment. Teach people to do things without being punished if they do not; it creates a more positive motivation.
- Refuse to give up. Once clients realize the counselor will not give up, they feel more support and work proceeds with more efficiency and promise.

In 1989, Glasser's *Control Theory in the Practice of Reality Therapy* was published, elaborating upon his reality theory. In his control theory, Glasser identified his concept of the components of total behavior as: (a) active behavior, (b) thinking, (c) feeling, and (d) physiology as the capacity to produce voluntary and involuntary body mechanisms. Glasser believes that control theory could help individuals take more effective control of their lives; that human beings are control systems and this is how they function to fulfill their needs. Reality therapy (and control theory) suggest that humans have four needs, as follows, which are encoded in their genes:

- The need to belong, to love, cooperate and share.
- The need for power.
- The need for freedom.
- The need for fun and recreation.

Reality therapy focuses on present behavior and, consequently, does not emphasize the client's past history. When using this approach, the counselor functions as a teacher and a model. Reality therapy is based on the premise that a single psychological need is present throughout life: the need for identity, which includes a need to feel a sense of uniqueness, separateness, and distinctiveness. The need for identity, which accounts for the dynamics of behavior, is seen as universal among all cultures.

Reality therapy is based on the anticipation that the client will assume personal responsibility for his or her well-being. The acceptance of this responsibility, in a sense, helps a person to achieve autonomy or a state of maturity whereby she or he relies on her or his own internal support. Whereas many of the counseling theories suggest that the counselor should function in a noncommittal way, reality therapists praise clients when they act responsibly and indicate disapproval when they do not.

Glasser has, throughout his writings, expressed an intense interest in education. In his book *Reality Therapy* (1965), he described his concepts for helping children in problem solving. Glasser believed that the public schools were failure prone, and he promoted a success model for schools, rather than what he saw as the traditional model of failure. As a result, reality therapy has been successfully implemented in not only agencies and mental health institutions but also in many schools and school systems.

He later went on to publish his ideas regarding education in his best seller book *Schools without Failure* (1969), in which he suggested a program to eliminate failure and to replace the traditional model of memory work, irrelevant instruction, and discipline with a model stressing relevance, prevention, and success. He sought to create an environment that would motivate and involve students in the development of responsible behavior. He also sought to establish ways of involving parents and the community in schools and in their children's education.

Both in and out of school, reality therapy stresses the importance of making a plan through which the client can improve his or her behavior. This plan should lead to behavior that enables the client to gain satisfaction and, at times, even favorable recognition.

Transactional Analysis

Transactional analysis is a cognitive-behavioral approach that assumes a person has the potential for choosing and redirecting or reshaping one's own destiny. Eric Berne did much to

develop and popularize this theory in the 1960s. It is designed to help a client review and evaluate early decisions and to make new, more appropriate choices.

Transactional analysis views normal personality as a product of healthy parenting (I'm OK, You're OK). Abnormal personality results when the child "must play games" to gain approval. Transactional analysis then seeks to understand the transactions between individuals in order to understand the different personalities that are a part of each of us. Each of these personalities behaves in its own distinct patterns and is, at different times, in control of the individual. When one of the three ego states is unwilling to relinquish its control and asserts it rigidly, especially at inappropriate times, the client is in difficulty and in need of psychological assistance. Transactional analysis will seek to restore a damaged ego and to develop the client's capacity to use all ego states appropriately, especially the adult, which is needed to govern one's life.

Thus, transactional analysis (TA) places a great deal of emphasis on the ego, which, from this viewpoint, consists of three states: parent, adult, and child.

- CHILD: A set of behaviors, feelings, and/or attitudes that are the relics of the individual's childhood and are important in building a person's adult self-concept.
- PARENT: A product of "recordings" from an individual's parents that are passed on and/or acted on. This is sometimes referred to as parental conditioning.
- ADULT: This ego state develops from the assimilation of the individual's unique experiences from childhood on. These are translated into facts that then become regulatory in the individual's life; thus, the "adult" is the most changeable of the three ego states.

Each of these states can take charge of the individual to the point that his or her observable behavior indicates "who's in charge" (adult, parent, or child). The client is assisted in gaining social control of his or her life by learning to use all ego states where appropriate. The ultimate goal is to help the client change from inappropriate life positions and behaviors (life scripts) to new more productive behaviors while coming from an "I'm O.K." position." (Gibson, Mitchell, & Basile, 1993, p. 74)

An essential technique in TA counseling is the contract that precedes each counseling step. This contract between counselor and counselee is a way of training or preparing people to make their own important decisions. In addition to the contract technique, transactional analysis also utilizes questionnaires, life scripts, structural analysis, role-playing, analysis of games and rituals, and "stroking" (reinforcement). Although not a counseling technique, transactional analysis sessions are tape recorded in their entirety.

At each stage of counseling the decision to go ahead is squarely up to the counselee. (This is the way the counselor protects himself or herself from implications that the counseling is being forced on the counselee.) The counselor may specify conditions to client participation in contracts, such as requiring the counselee to define, in advance, what advantage might ensue from their joint effort.

Although transactional analysis, like all theories, focuses on the individual, it is basically a procedure for counseling persons within a group setting. TA counselors feel that the group setting facilitates the process of providing feedback to persons about the kind of transactions in which they engage. The counseling group, then, represents a microcosm of the real world. In this setting, the individual group members are there to work on their own objectives and the counselor acts as the group leader.

Gestalt Counseling

“Gestalt therapy, developed by Frederick Perls, is a therapeutic approach in which the therapist assists the client toward self-integration and toward learning to utilize his energy in appropriate ways to grow, develop, and actualize” (George & Cristiani, 1995, p. 66). **The primary focus of this approach is the present, the here and now.** This approach implies that the past is gone and the future has yet to arrive; therefore, only the present is important.

Gestalt counseling also has as its major objective the integration of the person. In popular terminology, this might be called “getting it all together.” Perls (1948) wrote:

The treatment is finished when the patient has achieved the basic requirements: a change in outlook, a technique of adequate self-expression and assimilation, and the ability to extend awareness to the verbal level. He has then reached that state of integration which facilitates its own development, and he can now be safely left to himself. (p. 58)

To achieve this togetherness, the counselor seeks to increase the client’s awareness. As a result, the counselor functions in a way that provides the client with an atmosphere conducive to the discovery of client needs, or what the client has lost because of environmental demands, and in which the client can experience the necessary discovery and growth.

In this process the counselor will engage the client in what Perls labels a “here and now” discussion. The counselor attempts to provide the client assistance in identifying what she or he needs to become independent, to not be dependent on others. To accomplish this, the client must work on getting her or his act together to function as a systematic whole encompassing behaviors, feelings, thoughts, and attitudes. In this process, clients must also learn to take responsibility for themselves.

Cited by George and Cristiani (1995), Passons lists eight assumptions about the nature of humans that act as the framework for Gestalt counseling:

1. Individuals are composite wholes made up of interrelated parts. None of these parts—body, emotions, thoughts, sensations, and perceptions—can be understood outside the context of the whole person.
2. Individuals are also part of their own environment and cannot be understood apart from it.
3. People choose how they respond to external and internal stimuli; they are actors, not reactors.
4. People have the potential to be fully aware of all their sensations, thoughts, emotions, and perceptions.
5. Individuals are capable of making choices because they are aware.
6. Individuals have the capacity to govern their own lives effectively.
7. People cannot experience the past and the future; they can experience only themselves in the present.
8. People are neither basically good nor bad. (p. 66)

From these assumptions we can conclude that the Gestalt therapist has a positive view of the individual’s capacity for self-direction. Furthermore, the client must be encouraged to utilize this capacity and take responsibility for his own life and to do that *now*, in the present; he must experience the here and now! Counseling techniques may include “how” and

“what” questions, confrontations, “I” statements, and sharing awareness with clients emphasizing “this moment.”

Other Theories

In addition to the traditional theories of counseling described, the beginning counselor should be aware of several other popular theoretical approaches that they can explore further if of special interest. In addition, the traditional eclectic approach enables the counselor to employ the strengths of the various approaches without being wedded to any one specific theory.

Existential Therapy

Individuals define who they are by their choices even though there may be factors beyond one's control that restrict one's choices. It is important for the individual to find meaning in one's life through awareness. This awareness is underlined through the experience of being, or the “I am” experience, known in existential therapy as an ontological experience, which translates into the science “of being.” A basic concept of existential therapy is “being in the world.” This implies that the counselor must understand the phenomenological world in which the client exists and participates. This world is not limited to the environment, which is viewed as only one model of the client's world, but must also include the human world that is the structure of meaningful relationships in which the client exists and in the design of which the client participates.

From the point of view of existential psychotherapy, there are three modes of world. The first is *Umwelt*, meaning “world around,” the biological world, the environment. The second is *Mitwelt*, literally the “with-world,” the world of one's fellow human beings. The third is *Eigenwelt*, the “own-world,” the relationship to one's self. (May & Yalom, 2000, p. 276)

Within the existential framework, counselors may help clients recognize outmoded ways of life and become willing to take the responsibility to change, to expand, and to find meaning in their lives that is unique to them. Counselors can also help clients to improve their relationships with others and to recognize their own importance in society.

Family Systems Therapy

Family systems theory is based on the assumption that the client cannot be completely understood apart from his or her family. For example, when dramatic changes take place in the family unit, all members of the unit are affected. Interactions among the individual and her or his family members are usually significant. Mentally healthy persons have both good family relations and also satisfactory relationships outside the family. Counselors help individuals who need better relationships with important people in their lives in or out of the family unit. The basis for improving these relationships is often found in the need to promote better communication among family members. It is also important that counselors assist families in learning a process for successful problem solving.

Multimodal Therapy

Multimodal therapy is a systematic and comprehensive approach developed originally by Arnold Lazarus (2000). This approach is characterized by unique assessment procedures

and by significant emphasis on and attention to the details of sensory, imagery, cognitive, and interpersonal factors and their interactive effects on the client. Multimodal therapy presumes that clients are more frequently troubled by a multitude of problems that can be more effectively dealt with by using a broad range of special methods.

The emphasis of this therapy on assessment leads to an examination of each area of a client's BASIC I.D.:

- B = Behavior
 - A = Affect
 - S = Sensation
 - I = Imagery
 - C = Cognition
 - I = Interpersonal Relationships
 - D = Drugs/Biology
- (Lazarus, in Corsini & Wedding, 2000, p. 340)

This theory is personalized and individualistic. The assessment of the client seeks to identify his or her exceptions to general rules and principles and to identify the appropriate intervention for the client. In a manner of speaking, the counselor functions somewhat like an eclectic theorist, using techniques and procedures drawn from a variety of sources without necessarily subscribing to them. This, according to Lazarus,

is a consistent, systematic, and testable set of beliefs and assumptions about human beings and their problems, and an armamentarium of effective therapeutic strategies for remedying their afflictions. (Lazarus, 2000, p. 341)

Integrated Theories

In recent years we have seen continued efforts not only to reinforce and expand on the many traditional theories of counseling but, additionally, to develop new multidimensional and integrated models. One of these, actualization counseling and psychotherapy, presented by Brammer, Shostrom, and Abrego (1989), represents a creative synthesis approach to counseling theory and human growth. Actualization counseling is based, in part, upon assumptions drawn from major theoretical approaches.

Actualization counseling represents a developmental therapy derived from *historical and psychodynamic approaches* to counseling. The person is viewed from a perspective of development over time: past, present, and future.

1. Development is cumulative in the sense that early experiences influence the kinds of later experiences a person will have. The meaning and impact of events is [sic] influenced by past history, which shapes our expectations and desires.
2. Unresolved conflicts and grief from previous generations can become transmitted in an intergenerational process, which may constrict current personal growth and contribute toward symptom development.
3. Personal development becomes actualized as individuals develop clear internal boundaries. Clear boundaries within oneself involves an awareness of one's own

moment-to-moment thoughts and feelings, inner polarities and conflicts, and defensive style.

4. Personality development is dynamic, changing its focus and pattern over time.
5. Development is enhanced by a consistent core identity, which can orchestrate changing life structures or “season,” and a broad repertoire of skills to anticipate and manage situational and developmental stress.
6. Insight into one’s development over time can be an invaluable assistance in self-actualization. However, insight is of limited usefulness unless it is accompanied by the experience of changed behavior patterns.

Actualization therapy derives important assumptions from *phenomenological approaches* to counseling.

7. We affirm the uniqueness of each individual. We believe that personal development involves learning to become aware of one’s own unique strengths, limitations, and purpose.
8. One’s representation of events determines behavior more than events themselves. These internal beliefs guide one’s behavior with others. Concurrently, circular recursive interactional patterns with others shape one’s expectations and interpretations of events. This ongoing feedback from others intentionally or unintentionally confirms or disconfirms existing internal psychological beliefs and structures.
9. One has freedom to choose much of one’s future. While much of human behavior is shaped by personal history and systemic forces, the actualizing process assumes that one’s future is largely undetermined and a person has wide ranges of freedom to choose.
10. The assumption of freedom places corresponding responsibility on the person for his or her own actualizing. Even though growth takes place in a social context, each person is responsible for initiating and maintaining changes for his or her own life, based on an examined and considered choice of values and principles. The therapist maintains an active neutrality, emphasizing accurate empathic understanding while valuing the person’s responsibility to choose his or her own goals.

Behavior therapy contributes an action focus to actualizing therapy as well as an understanding of how change occurs.

11. While some primitive behaviors are reflexive, hence largely genetically determined, and some are the result of chemical or neurological changes, a fundamental assumption of actualization counseling is that social behavior is learned and changes in behavior follow an active learning process. Important life skill deficits, such as competencies in social and work roles, may be mastered through new learning.
12. Most human learning is not automatic but is mediated by cognitive processes. A reciprocal interaction takes place between thoughts, emotions, actions, and feedback from others. Change can begin at any of these processes.

Systems approaches remind us that each individual is embedded within a larger relational context.

13. Actualization is achieved primarily in social interaction with a counselor, teacher, minister, group, friend, or family, but it can also be achieved through self-help methods, such as meditation and imagery. Social interaction becomes the main vehicle for conditions of actualization such as honesty with feelings, awareness of self, freedom of expression, and trust in oneself and others. Therapist support is an important component in helping others to achieve their potential.
14. Transactional patterns play an important role in shaping behavior. Therapeutic change is facilitated by disrupting dysfunctional interactional patterns and providing new feedback. This usually involves altering either the client's interpretation of other people's behavior or the behavior itself.
15. Actualization involves learning to set clear external boundaries with others. These boundaries are evidenced by the ability to maintain a clear sense of self in the midst of an anxious emotional field. Additionally, an actualized person has a capacity for intimacy and a readiness for closeness based on a firm sense of identity to risk the self with others.
16. Actualization is reflected in an attitude of interdependency. An actualizing person has a systemic ethic of responsibility. Personal decisions are made in terms of their impact on the total web of relationships that the person is involved in, both in the present and in the future. An interdependent person attempts to balance his or her own rights against the claims of others and learns to deal with the inevitable tensions that this will involve.
17. Actualization is in part a byproduct [sic] of an interdependent attitude in which one transcends self-interest to cooperate with others working for the common good of justice and love. Actualization involves widening the inclusiveness of the circle of those we consider as our "neighbor" from the narrowness of our familiar beginnings toward real solidarity with a commonwealth of people. Pursuit of self-actualization apart from an attitude of interdependency produces alienation from others. (Brammer, Shostrom, & Abrego, 1989, pp. 54–55)

Ivey, Ivey, and Simek-Morgan (1997) indicate:

Integrative theories are currently becoming more numerous and influential. Meichenbaum's construction of cognitive-behavioral theory brings diverse theories together in a coherent fashion and thus offers a broader scope than traditional behavioral frames of reference. Developmental counseling and therapy integrates [sic] theory and practice in a different format and provides [sic] an overall rationale for moving from sensory to behavioral to cognitive to systemic approaches. Developmental counseling and therapy, perhaps more than other theories, emphasizes sensorimotor and systemic/cultural foundations of experience, arguing that a network approach is essential if change is to be maintained over time (p. 407).

Eclectic Counseling

The eclectic approach to counseling is one of long-standing tradition and equally long-standing controversy. It originally provided a safe, middle-of-the-road theory for those counselors in the early years of the profession who neither desired nor felt capable of

functioning as purely directive or nondirective. The directive approach championed by E. G. Williamson and others at the University of Minnesota took control and, in effect, influenced directly the client's decision making and exerted major influence on the outcomes of the counseling process. The nondirective approach, with Carl R. Rogers as its chief spokesperson, proposes that the counselor's role is more that of facilitator than decision maker and that the client must achieve the necessary insights and self-confidence to make one's own decisions.

Defenders of the theory suggested eclecticism as an approach that allowed each individual to construct one's own theory by drawing on established theories. It has often been suggested that the eclectic counselor can choose the best of all counseling worlds. Others contend that eclecticism encourages counselors to become theoretical jacks-of-all-trades. Certainly, the many theoretical models currently available can be confusing in the absence of a model or definitive guidelines for theory and technique selection.

Eclecticism is not intended to compound the confusion. Rather, it enables the counselor to build a personalized, yet professional, system that embodies components of various established theories to blur into an integrated whole. Eclecticism assumes that the diversity among individuals, the diversity in human needs and concerns, and the environments in which they occur can be responded to best when the counselor has theoretical options and the flexibility to use these within a conceptual and organized framework.

We conclude our discussion of eclecticism by noting that eclecticism does not mean the absence of theory, nor can it be an excuse for doing whatever moves you at the moment in your counseling. We also note that current literature would indicate a decline in the use of the label and practice of eclecticism. This approach has never been intended to be a shortcut to a counselor's personal theory formulation but, if properly pursued, can be a difficult and challenging path to follow.

THEORETICAL PREFERENCES OF PRACTICING COUNSELORS IN EDUCATIONAL SETTINGS

The question may very appropriately be asked by students in counselor preparation programs, beginning counselors, and even experienced practicing counselors, "Which theories are the most popular in practice?" In an effort to provide some current indications, your textbook authors conducted a brief, simplistic survey in 1996–1997 of 420 practicing counselors (randomly selected from the American Counseling Association membership directory). (An initial pilot study involved Indiana counselors only.) The results of this survey are displayed in Table 4-1. It is important to note that while a total of 286 responses were received (representing a return rate of 68%), the number of theoretical orientations that practicing counselors reported frequently drawing upon in their practice ranged from 2 to 7 with a mean of 4.1, indicating a desire for flexibility in meeting the needs of different clients and situations.

Table 4-1 represents responses from 170 counselors in educational settings and 116 counselors in nonschool settings. Since, somewhat surprisingly, only insignificant differences were noted for the differing educational levels, the responses are summarized in Table 4-1.

BUILDING A PERSONAL THEORY

As Table 4-1 demonstrates, most counselors can identify a traditional theory that has greatly influenced their own personal theory and practice of the art of counseling. It is therefore appropriate to note at this point that, although beginning counseling students should become familiar with the traditional and proven theories, eventually, in practice, they will develop their own variation or eclectic approach. Your own personal theory will be modified to fit you as a unique individual and perhaps adjusted to more effectively serve special client populations.

As George and Cristiani (1995) point out:

all counselors interact with clients on the basis of a set of beliefs they have about people and how people change; therefore, the importance of counselors clarifying those beliefs and developing them into a theoretical foundation is emphasized (p. 119).

In the last analysis, counselors must develop a theoretical framework that fits them personally, a framework in which they can work comfortably, be themselves and be maximally effective.

Table 4-1 Survey of theoretical preferences of practicing counselors.*

<i>Theory</i>	<i>Schools</i>		<i>Agencies and Nonschool Settings</i>	
	<i>Percentage Preferring</i>	<i>Rank</i>	<i>Percentage Preferring</i>	<i>Rank</i>
Psychoanalytic (Freudian)	0	13.5	5	10.5
Individual psychology (Adlerian)	14	2	10	5.5
Person-centered (Rogerian)	22	1	14	2.5
Rational emotive	12	4	12	4
Reality	10	5	5	10.5
Existential	2	10	2	12
Directive	13	3	10	5.5
Behavior	3	9	6	8
Family systems	1	11.5	14	2.5
Solution-based	4	7.5	2	12
Gestalt	1	11.5	2	12
Transactional analysis	0	13.5	6	8
Eclectic	7	6	16	1
Other	4	7.5	6	8
	<i>N = 170</i>	<i>N = 116</i>		

*Source: From a survey conducted by Robert L. Gibson and Marianne H. Mitchell, 1996–1997.

THE CASE OF GEORGE

The application in practice of the differing counseling theories can, of course, lead to differing approaches and interactions with clients experiencing similar needs, and though approached from different perspectives, each has high probabilities of success in the hands of the skilled theoretician-counselor.

In this section we present the case of George to illustrate how George might be counseled from seven different theoretical orientations. (We recognize also that not all therapists of a given theoretical orientation will approach the same client concern in the same manner.)

Client:	George, 28-year-old male, 2-year technical college degree in air conditioning & refrigeration; twice divorced; no children; three different jobs in 8 years
Problem:	Interpersonal relationships (can't interact positively with people, easily irritated by others, especially supervisors)

Differing theoretical orientations:

PSYCHOANALYTIC

Counselor in charge. Initial focus on recall of earliest childhood experiences. Were his parents aggressive personalities? What angered him then? Are there particular events in the past that especially angered him? Discuss his history of personal relationships. Be alert to resistance or transference. Free association, dream analysis, hypnosis may be used. Resistance is confronted. Role of sexuality may be explored. Analysis and interpretation precede treatment, which will be long-term.

ADLERIAN (INDIVIDUAL PSYCHOLOGY)

Process a joint responsibility of client and counselor. Client's inappropriate social beliefs will be challenged in a humanistic way. Client is encouraged and assisted in developing social skills. Basic assumptions about self (weaknesses) are restructured.

PERSON-CENTERED (ROGERIAN)

Counselor as helper; major responsibility is the client's. Relationship building with George is the first task; trust must be developed. At the same time, George is encouraged to believe in himself, that he has the capacity to get along with others, to make friends. Case histories, analysis in a traditional sense, probing and questioning are out. Focus is on building a relationship that is facilitative.

BEHAVIORISM

A relatively short-term approach in which the counselor becomes a teacher to the client. First step would probably be developing a case study of George. George's inappropriate behaviors will be examined, and he will be taught new more appropriate behaviors (hence the term *behavior modification*).

RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)

Counselor–client almost a business or teacher–student relationship. Client will be shown that anger, hostility, and suspicion are nonproductive emotions. George may be asked to examine how one would normally or rationally react in his circumstances. George may be taught more appropriate behaviors.

REALITY

Time will initially be spent building a relationship with George, but, here again, the counselor assumes a teaching role. George will be helped to view his problem realistically and to become more responsible in solving it. Contracts will probably be used.

GESTALT

A warm, caring relationship is established with George. George will be encouraged to become more aware of his inappropriate behaviors and to take responsibility for changing them **now**. (Action **now**, not talk.) Confrontation, role-playing, questioning (how?, why?) may be used, but always in a caring sense.

We conclude this discussion of counseling theories by noting that theories are like a road map: they indicate to you, the counselor, differing but established routes for reaching a final destination—in this instance, the goal of providing maximum assistance to the client in an efficient and enhancing way. As a beginning counselor, when your experience and professionalism grow, you may develop your own personal eclectic theory. In so doing, you are seeking to identify a framework or system of harmonious parts that will be in harmony with what you believe in, value, and stand for as a person and as a professional. In all endeavors we are most comfortable when we are engaged in what we are sure about and competent in doing. If you know yourself—your strengths and limitations—and have a valid theoretical framework that is understood and comfortable to you, you may proceed with ever-increasing confidence to provide counseling assistance to your clients.

GOALS OF COUNSELING

Obviously, counseling goals may be simply classified in terms of counselor goals and client goals or the immediate, intermediate, or long-range goals of therapy. Regardless of how one chooses to classify counseling goals, counseling, like all other meaningful activities, must be goal driven, have a purpose, or seek to attain an objective. While identified at the beginning of this chapter, the goals of counseling may be described as follows:

Developmental Goals: Developmental goals are those wherein the client is assisted in meeting or advancing her or his anticipated human growth and development (that is, socially, personally, emotionally, cognitively, physical wellness, and so on).

Preventive Goals: Prevention is a goal in which the counselor helps the client avoid some undesired outcome.

Enhancement Goals: If the client possesses special skills and abilities, enhancement means they can be identified and/or further developed through the assistance of a counselor.

Remedial Goals: Remediation involves assisting a client to overcome and/or treat an undesirable development.

Exploratory Goals: Exploration represents goals appropriate to the examining of options, testing of skills, and trying of new and different activities, environments, relationships, and so on.

Reinforcement Goals: Reinforcement is used when clients need help in recognizing that what they are doing, thinking, and/or feeling is okay.

Cognitive Goals: Cognition involves acquiring the basic foundations of learning and cognitive skills.

Physiological Goals: Physiology involves acquiring the basic understandings and habits for good health.

Psychological Goals: Psychology aids in developing good social interaction skills, learning emotional control, developing a positive self-concept, and so on. (Gibson, Mitchell, Basile, 1993, pp. 87–89)

Hackney and Cormier (1996) note that:

Goals serve three important functions in the counseling process. First, goals can have a motivational function in counseling. Second, goals can also have an educational function in counseling in that they can help clients acquire new responses. Three, goals can also meet an evaluative function in counseling whereby the client's goals help the counselor to select and evaluate various counseling strategies appropriate to the client's goals.

THE COUNSELING PROCESS

Having briefly introduced some of the popular counseling theories, let us now move on to examine the translation of these theories into action. This action is frequently referred to as the counseling process. This process is usually specified by a sequence of interactions or steps. Although various authors will conceptualize these stages or phases differently because of different theoretical models, there is considerable agreement that initially the process is concerned with relationship establishment, followed by some method of problem identification and patterns of exploration, leading to planning for problem solution and remediation, and concluding with action and termination.

A brief description of each of these stages is provided in the following subsections.

Relationship Establishment

As often stated in definitions, counseling is a relationship. Furthermore, it is defined as a helping relationship. It therefore follows that if it is to be a relationship that is helpful, the counselor must take the initiative in the initial interview to establish a climate conducive to

mutual respect, trust, free and open communication, and understanding in general of what the counseling process involves.

Although responsibility will later shift increasingly to the client, at this stage the responsibility for the counseling process rests primarily with the counselor. Among the techniques the counselor may use are those designed to relieve tensions and open communication. Both the counselor's attitude and verbal communications are significant to the development of a satisfactory relationship. In the latter instance, all of the counselor's communication skills are brought into play. These include attentive listening, understanding, and feeling with the client. Certainly, the quality of counselor–client relationship will influence counseling outcomes.

Among the factors that are important in the establishment of this counselor–client relationship are positive regard and respect, accurate empathy, and genuineness. These conditions imply counselor openness: an ability to understand and feel with the client, as well as a valuing of the client. This counselor–client relationship serves not only to increase the opportunity for clients to attain their goals but also to be a potential model of a good interpersonal relationship, one that clients can use to improve the quality of their other relationships outside the therapy setting.

Counselors must keep in mind that the purpose of a counseling relationship is to meet, insofar as possible, client needs (not counselor needs). The counseling process within this relationship seeks to assist the client in assuming the responsibilities for his or her problem and its solution. This will be facilitated by the counselor's communications skills, the ability to identify and reflect clients' feelings, and the ability to identify and gain insights into the clients concerns and needs.

Establishing a relationship with the client must be achieved early in the counseling process, inasmuch as this will often determine whether or not the client will continue. Suggested goals for the initial counseling interviews might include the following.

Counselor's Goals

- Establish a comfortable and positive relationship.
- Explain the counseling process and mutual responsibilities to the client.
- Facilitate communications.
- Identify and verify the client's concerns that brought her or him to seek counseling assistance.
- Plan, with the client, to obtain assessment data needed to proceed with the counseling process.

Client's Goals

- Understand the counseling process and his or her responsibilities in this process.
- Share and amplify reasons for seeking counseling.
- Cooperate in the assessment of both the problem and self.

Problem Identification and Exploration

Once an adequate relationship has been established, clients will be more receptive to the in-depth discussion and exploration of their concerns. At this stage, clients must assume more responsibility because it is their problem and, therefore, it is their responsibility to commu-

nicate the details of the problem to the counselor and respond to any questions the counselor may have in order to maximize counselor assistance.

During this phase, the counselor continues to exhibit attending behavior and may place particular emphasis on such communication skills as paraphrasing, clarification, perception checking, or feedback. The counselor may question the client, but the questions are stated in such a way as to facilitate the continued exploration of the client's concern. Questions that would embarrass, challenge, or threaten the client are avoided. Throughout this phase, the counselor will recognize cultural differences and their implications in terms of how techniques should be modified to be culturally appropriate.

Now the counselor is seeking to distinguish between what might be called surface problems and those that are deeper and more complex. The counselor also strives to determine whether the stated problem is, in fact, the concern that has brought the client to the counselor's attention. This may be a time for information gathering. The more usable information the counselor has, the greater are the prospects of accurate assessment of the client's needs. It is therefore helpful for counselors to recognize the various areas of information that must be tapped.

We have, rather arbitrarily, grouped the information desired under three headings: the time dimension, the feeling dimension, and the cognitive dimension. Subsets of information under each of these headings are indicated as follows:

1. The *time dimension* includes the client's past experiences, especially those which he or she may view as influencing experiences. The present dimension would cover how well the person is functioning presently, especially those current experiences that may have influenced the client to seek counseling. The future time dimension would include future hopes, plans, goals, and how the client plans to achieve these.
2. The *feeling dimension* includes the emotions and feelings of the client towards himself or herself, as well as significant others, including groups, attitudes, values, and self-concept. All are a part of the feeling dimension.
3. The *cognitive dimension* includes how the client solves problems, the coping styles that she or he employs, the rationality used in making daily decisions, and the client's capacity and readiness for learning.

At this point, some counselors may use appraisal techniques such as standardized tests for problem diagnosis. Subproblems of the problem may also be identified. During this stage, the client not only explores experiences and behaviors but also may reveal feelings and the relationship of concern to the way he or she is living life in general. The counselor is seeking to secure as much relevant data as possible and to integrate it into an overall picture of the client and his or her concern. The counselor also shares these perceptions with the client. A goal of this stage is for both the counselor and the client to perceive the problem and its ramifications similarly. One of the counselor's goals during this stage is to help the client develop a self-understanding that recognizes the need for dealing with the need for change and action.

Obviously, this is a busy stage of the counseling process, when much of the real work occurs, especially when extensive exploration is needed. It continues to be important that facilitative conditions continue to promote client understandings of action plans for resolving problems. Although problem-solving activities are likely to be initiated during this stage, the major steps in implementing the activities take place in the third stage.

We identify the steps or stages in problem identification and exploration as follows:

1. *Define the problem.* The counselor, with the cooperation of the client, is seeking to describe or identify the problem as specifically and objectively as possible. It is important that the counselor's and client's understanding of the problem are in harmony. In addition to the accuracy desired in defining the problem, it is important to identify the components or contributing factors and the severity of the problem to the client, its recency, and its longevity.

2. *Explore the problem.* The kinds of information needed to fully understand the problem and its background are gathered at this point. When the kinds of needed information have been identified, then the counselor and client must determine how this information can be obtained and whose responsibility that will be, and they must establish timelines for gathering them. Within this context, decisions may be made regarding the administering, for example, of standardized psychological measures. To test or not to test is a decision in which the client must have a major voice. Regardless of how desirable it may be to obtain data through the use of standardized psychological measures, the effect on the client and his or her willingness to participate fully in the counseling process may be threatened by this data-gathering technique. In some situations, the counselor may wish to complete a detailed case study. Obviously, this is a decision that will depend on the seriousness of the situation, the amount of data needed, and the amount of time available to both counselor and client for this purpose. In many agency settings, intake interviews are used to gather basic information that is deemed useful in most counseling situations. In this process, it is obviously important that the counselor continue to employ facilitative behavior.

3. *Integrate the information.* In this step it is important that all of the information collected be systematically organized and integrated into a meaningful profile of the client and the client's problem. Also, at this point, it would be appropriate to begin the exploration of changes that may be needed and barriers that may exist to these changes. The actual identification of possible solutions will be discussed in the next section. We note that in brief therapy (also discussed later in this chapter), this stage and all others in the counseling process are condensed or collapsed in such a way as to expedite the process.

Planning for Problem Solving

Once the counselor has determined that all relevant information regarding the client's concern is available and understood, and once the client has accepted the need for doing something about a specific problem, the time is ripe for developing a plan to solve or remediate the concern of the client.

At this point, effective goal setting becomes the vital part of the counseling activity. Mistakes in goal setting can lead to nonproductive procedures and the client's loss of confidence in the counseling process. In this stage we again suggest certain steps in sequence whereby we might view the processes involved:

1. *Define the problem.* It is important that both the counselor and the client view the problem from a similar perspective and have the same understandings of its ramifications.

2. *Identify and list all possible solutions.* At this point, it is appropriate to brainstorm all possibilities. Both the client and counselor participate, but the client should be given the opportunity to list as many possibilities as may come to her or his mind. If some obvious solutions are overlooked, the counselor may suggest to the client “have you also thought of _____?” When listing solutions, none should be eliminated simply because at first glance they appear to be impossible to implement. Those that will be eliminated for various reasons will be taken care of in the next step.
3. *Explore the consequences of the suggested solutions.* Here the client, with encouragement from the counselor and even occasional suggestion, will identify the procedures needed to implement each of the suggested solutions. In so doing, it will be noted that some procedures may be too complex or, for other reasons, impossible to apply. Other solutions may produce more problems or more serious consequences than the problem that is the focus for solution in this counseling sequence. In any event, the projected outcomes for each solution must also be explored thoroughly.
4. *Prioritize the solutions.* Following exploratory stage 3, the client—again with the counselor’s encouragement—will prioritize the solutions from best possibility down to least likely to produce the desired results. Once the decision has been made and the best solution selected, the client is ready to move on to the application and implementation.

In the further development of this plan, the counselor recognizes that the client will frequently not arrive at basic insights, implications, or probabilities as fast as the counselor will. However, most counselors will agree that it is better to guide the client toward realizing these understandings by himself or herself, rather than just telling the client outright. To facilitate the client’s understanding, the counselor may use techniques of repetition, mild confrontation, interpretation, information, and, obviously, encouragement.

Solution Application and Termination

In this final stage, the responsibilities are clear-cut. The client has the responsibility for applying the determined solution, and the counselor for determining the point of termination. In the first instance, the counselor has a responsibility to encourage the client’s acting on his or her determined problem solution. During the time that the client is actively engaged in applying the problem solution, the counselor will often maintain contact as a source of follow-up, support, and encouragement. The client may also need the counselor’s assistance in the event things do not go according to plan. Once it has been determined, however, that the counselor and the client have dealt with the client’s concern to the extent possible and practical, the process should be terminated. As noted, this responsibility is primarily the counselor’s, although the client has the right to terminate at any time. The counselor usually gives some indication that the next interview should just about wrap it up and may conclude by summarizing the main points of the counseling process. Usually, the counselor will leave the door open for the client’s possible return in the event additional assistance is needed. Because counseling is a learning process, the counselor hopes that the client has not only learned to deal with this particular

problem but has also learned problem-solving skills that will decrease the probability of the client's need for further counseling in the future.

In concluding this section on the counseling process, we are aware of our frequent reference to the client's "problem," and we remind our readers that problems are not always based on perceived inadequacies or failures requiring remediation and restorative therapy. Clients can have equally pressing needs resulting from concerns for developing their human potential—for capitalizing on their strengths. In these instances the emphasis is on development, growth, or enhancement rather than remediation.

COUNSELING SKILLS

Thus far in this chapter we have discussed the importance of the counselor having a theoretical framework within which to function and a knowledge of the process or stages through which client counseling moves. Equally important are the skills that the counselor must possess to apply a given theory and implement the process. The skills of counseling have their roots in both theory and process and have been reinforced through both practice and research. The counselor acquires these skills through learning and practice.

Communication Skills

Nonverbal Communication Skills

All of us communicate nonverbally. Through the use of facial expressions, body posture, and physical movements we send messages, usually intentional but sometimes not. We also usually perceive messages that others communicate to us in a similar manner. In the United States, nonverbal language is a popular means of communication, and in counseling it is a social interaction process important to both the counselor and the counselee. For example, from the onset and throughout the counseling process, visual clues will influence the client's perception of the counselor. As noted previously in this chapter, one of the nonverbal ways in which the counselor deals with this factor is by exhibiting attending behavior, by communicating nonverbally "I am interested in you and your concerns, I respect you, and I'm going to give you my undivided attention," and so forth. Attending behaviors accomplish several purposes:

1. It indicates to the client that she or he is the object of your undivided attention. It further indicates the respect that you have for him or her as an individual.
2. It indicates your acceptance of the client and your readiness to assist him or her with their concerns to the full limit of your professional abilities.
3. It facilitates the flow of communication by demonstrating your undivided attention. This conveys to the client your interest and will encourage further verbalization on the client's part.
4. It tells the client that not everything that he or she needs to communicate has to be put into words.
5. It keeps you, the counselor, aware and alert at all times. It enables you to follow the client's communication.
6. It enables you to identify clues that the client may subconsciously or even consciously reveal during the course of the counseling interview.

Verbal Communication Skills

Strange as it may seem, we initiate our discussion of verbal communication skills by discussing listening. Listening, however, is a prerequisite to effective verbal communicating. Listening also is implied in attending behavior, but because of its importance, we emphasize the point again because listening is the basis of counselor competence.

Effective listening enables counselors to adroitly manipulate their verbal counseling skills. These skills include using attending responses that indicate to the client that you are listening (i.e., “I understand,” “I see”) and what we might label as “stimulus responses,” those that encourage the client to continue to comment (i.e., “Can you tell me more about that?” “Could you clarify that for me?” “Please continue if you wish”).

Effective listening is mandatory for feedback, another important verbal (as well as non-verbal) communication skill. Feedback is the verbalization of the counselor’s perceptions and reactions to the client’s behaviors, feelings, concerns, actions, expressions, and so forth. It offers the client the opportunity in turn to give feedback—to react, perhaps validate, or expand on the counselor’s feedback. It offers the counselor the opportunity to periodically summarize and validate what has transpired and to ensure that both counselor and counselee are accurately “receiving” each other’s messages, before moving ahead in the counseling process.

Also important in verbal communication is the art of questioning. Skill in questioning involves timing, wording, and type of questions. The skillful counselor does not inject questions that will stop, alter, or slow a client’s open discussion of a concern. Questions are injected to keep the discussion moving (i.e., “Why do you think they reacted that way to your behavior?”); to clarify (i.e., “What do you mean?” “Am I right in understanding you?”); and to validate (i.e., “How do you know?” “Give me an example”).

The type of question used should be appropriate to the desired outcome. Open questions (i.e., “How did you feel about that?”) provide opportunities for the client to express feelings, provide greater detail, and gain new insights, while closed questions (i.e., “Will you go back next week?”) get an answer rather than an evasive or rambling reply. The counselor may also decide when to use direct questions (i.e., “Tell me, are you planning to drop out of school?”) or nondirect questions (i.e., “What do you think about alcoholism today?”), which do not directly identify the client with a problem or issue.

Effective communication is also facilitated by knowing what not to do. George and Cristiani (1995) list these barriers to communication:

1. Giving advice
2. Offering solutions
3. Moralizing and preaching
4. Analyzing and diagnosing
5. Judging or criticizing
6. Praising and agreeing; giving positive evaluations
7. Reassuring (pp. 126–128)

Obviously, the effectiveness of counseling is determined by the effectiveness of counselor–client communication. From the counselor’s standpoint, communication is primarily designed to influence and motivate the client. Table 4-2 presents descriptions of some of these influencing skills and their motivation function in the counseling interview.

Table 4-2 Influencing skills.

Skill	Description	Function in Interview
Interpretation/reframing	Provides an alternative frame of reference from which the client may view a situation. May be drawn from a theory or from one's own personal observations. <i>Interpretation may be viewed as the core influencing skill.</i>	Attempts to provide the client with a new way to view the situation. The interpretation provides the client with a clear-cut alternative perception of "reality." This perception may enable a change of view that in turn may result in changes in thoughts, constructs, or behaviors.
Directive	Tells the client what action to take. May be a simple suggestion stated in command form or may be a sophisticated technique from a specific theory.	Clearly indicates to clients what action counselors or therapists wish them to take. The prediction with a directive is that the client will do what is suggested.
Advice/information	Provides suggestions, instructional ideas, homework, advice on how to act, think, or behave.	Used sparingly, may provide client with new and useful information. Specific vocational information is an example of necessary use of this skill.
Self-disclosure	The interviewer shares personal experience from the past or may share present reactions to the client.	Emphasizes counselor "I" statements. This skill is closely allied to feedback and may build trust and openness, leading to a more mutual relationship with the client.
Feedback	Provides clients with specific data on how they are seen by the counselor or by others.	Provides concrete data that may help clients realize how others perceive behavior and thinking patterns, thus enabling an alternative self-perception.
Logical consequences	Interviewer explains to the client the logical outcome of thinking and behavior—if/then.	Provides an alternative frame of reference for the client. This skill helps clients anticipate the consequences or results of their actions.
Influencing summary	Often used at or near the end of a session to summarize counselor comments; most often used in combination with the attending summarization.	Clarifies what has happened in the interview and summarizes what the therapist has said. This skill is designed to help generalization from the interview to daily life.

Source: From A. E. Ivey, M. B. Ivey, and L. Simek-Morgan, *Counseling and Psychotherapy: A Multicultural Perspective* (4th ed., p. 66). Copyright © 1997 by Allyn and Bacon. Reprinted by permission.

SHORT-TERM COUNSELING OR BRIEF THERAPY

Recent years have witnessed increased interest in and practice of short-term or brief therapy. While in practice brief therapy is probably as old as therapy itself, it has only been recognized and written about in recent generations as a recognized and viable approach for the delivery of counseling assistance. This increase in popularity can be attributed to a number of factors, including the escalating costs of treatment; the managed care movement; limitations on payments imposed by insurance companies; a busy public that wants as much time as possible to devote to career and family; and the results of studies, some highly publicized in the popular media, indicating that for most situations, short-term therapy is at least, if not more, effective than long-term, produces lasting or durable results, and more frequently responds to the client's anticipation of treatment time.

While descriptions of what constitutes short-term seem to vary somewhat, it would appear to be in the range of one to five sessions with the average length of one hour. The process itself is characterized by (a) promptness of treatment (no lengthy intake interviews), (b) openness and cooperation, (c) rapid assessment and focus on the problem, (d) an emphasis on the client's positive traits in solution identification; and, of course, (e) some attention to time limitations. In addition to the goals of responding to the client's needs that brought the client to counseling, short-term therapy also seeks the development and enhancement of the individual's potential for fruitful behaviors, including learning to solve one's own problems.

Good (although not the only) candidates for short-term or brief therapy are (a) motivated to change, (b) can establish positive personal relationships readily and easily, (c) expect and want only a brief treatment, and (d) are not psychologically impaired.

Basile (1996) summarized strategies that contribute to the effective application of a solution-based brief therapy model as follows:

1. Foster the development of a therapeutic or working alliance.
2. Assess the client's motivation for change (as a visitor, a complainant, or a customer).
3. Establish a goal for treatment.
4. Use presuppositional and solution-focused language.
5. Search for strengths, solutions, and exceptions.
6. Connect and stay connected with your client's sense of humor.
7. Be pragmatic.
8. Brief therapy moves slowly; stay on track. (pp. 8–9)

SPECIAL COUNSELING POPULATIONS

Counselors in nearly all settings deal with a variety of individual problems and concerns. Because increasing attention is being given to certain populations, it seems appropriate to note several of these special client populations.

Substance Abusers

Information about the use of alcohol and drugs and the ill effects of the abuse of these substances are well publicized. Alcohol, marijuana, and nicotine are commonly used as well

as abused substances among the 19.7 million Americans engaged in drug use. At any given time in the United States, substance abuse is either directly or indirectly related to up to 50% of emergency room admissions, over 50% of domestic violence cases, and half of all homicides, (Stevens & Smith, 2001, p. 1).

An excellent source of demographic information concerning drug abuse, and perhaps the largest collection of data, is the National Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration. Counselors should be aware, and most are, that substance abuse is not uncommon among high school youth and there is evidence of increased experimentation among elementary school children, many of whom will become regular substance abusers in high school.

Cocaine, a very addictive drug, while more popular with the adult population, is on the increase among our youth.

Tobacco

While tobacco has until recent generations generally been overlooked as an abused substance and in fact, was, and on occasion still is, glamorized, we are now much more aware of the deadly effects of its addiction. Further, even though the U.S. Surgeon General in 1964 pointed out the highly addictive nature of nicotine and its health hazards, the alarm bells raised by this report were severely muted by the tobacco industry's media responses. While medical reports, lawsuits, and legislative actions have made the public much more conscious of the deadly effects of habitual use of tobacco, it is currently estimated that over 66.5 million Americans over 12 years of age continue to smoke regularly. An alarming 4.1 million of our children ages 12 to 17 years (18% of youth in this age bracket) smoke regularly. Further, recent reports indicate an increase in the percentage of teenage girls smoking.

Tobacco companies have recently been charged with increasing the amount of nicotine in tobacco to increase its addictiveness.

Alcohol

In recent generations the concept of alcoholism as a disease has gained popularity, which in some respects has placed less emphasis on drinking as a weakness of willpower and values to a more acceptable and treatable form. Alcoholics Anonymous, the most popular self-help movement, has emphasized this approach in its Twelve Steps treatment program. Within this concept, researchers are continuing to explore various treatment possibilities.

Beginning in the mid-1970s, alcohol has been the single most abused drug in adolescent culture.

Almost half of Americans aged 12 or older reported being current drinkers of alcohol in the survey (48.3 percent). This translates to an estimated 109 million people. Both the rate of alcohol use and the number of drinkers increased from 2000, when 104 million, or 46.6 percent, of people aged 12 or older reported drinking in the past 30 days.

Approximately one fifth (20.5 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey. Although the number of current drinkers increased between 2000 and 2001, the number of those reporting binge drinking did not change significantly.

Heavy drinking was reported by 5.7 percent of the population aged 12 or older, or 12.9 million people. The prevalence of current alcohol use in 2001 increased with increasing age for youths, from 2.6 percent at age 12 to a peak of 67.5 percent for persons 21 years old. (U.S. Department of Health and Human Services, 2002.)

The manifest symptoms of alcohol abuse among teenagers are as evident or more evident than the symptoms of drug abuse, which at times may be obscure. The adolescent problem drinker is likely to have a high absentee rate; be a poor achiever academically; appear resentful of adult interest in his or her personal life; have little interest in school activities; and often will have an alcoholic aroma about them.

Counselors may be involved in prevention, intervention, and crisis treatment or remediation. However, it is important to stress the importance of specialized training for counselors who are working with substance abusers. Since the traditional counseling approaches are frequently of limited effectiveness, counselors who work extensively with substance abusers usually acquire specialized training. Because such clients are very resistant to change and the facilitating conditions often beyond the therapist's control, counselors working with these clients must be especially trained in those dramatically different techniques proven to have some chance of success with substance abuse clients. Also, counselors must be aware of client conditions that merit referral to more highly trained specialists for long-term treatment and monitoring.

Counselors in all settings therefore need to be aware of the resources available for the treatment of substance abuse clients. These may include emergency clinics, specialized centers, hospital care (both inpatient and outpatient), halfway houses, crisis centers, and special assistance groups such as Alcoholics Anonymous and Narcotics Anonymous. Counselors working with such populations generally have a specialized knowledge of the pharmacological, physiological, psychological, and sociocultural aspects of the use of alcohol and drugs.

In addition, counselors should be engaged in a continual interaction with teachers, ministers, juvenile authorities, industrial personnel managers and others who can assist in the implementation of prevention, early intervention, and/or addictive treatment programs.

In many programs, both individual and group counseling are used. In some settings, counseling teams have been found to be effective for group counseling with this special client population. Obviously it is also important that counselors who work with drug and alcohol abuses have more than a superficial knowledge of the causes, symptoms, and potential outcomes of the problem. Furthermore, in many individual situations, medical treatment may be needed, and referral to or "teaming" with a psychiatrist may be necessary.

The appropriately qualified counselor will, following diagnosis, usually develop a treatment plan. This treatment plan is designed to provide structure and direction for both the client and the counselor in achieving the desired and clearly specified goals of the treatment. Factors that influence the characteristics of this plan include the seriousness of the client's condition and motivation, projected length of treatment, external factors influencing the treatment, and the counselor's prognosis for success of the treatment.

Women

Even though federal and state legislation has been sought to promote opportunities for women to achieve their potential by stimulating legal equality of the sexes, abundant

evidence indicates a lack of consistency at both the national and state levels in the application and enforcement of such legislation. In fact, in many ways, discrimination has become much more subtle since the Civil Rights Act of 1964.

Further, the changing role of women in the world of work has produced resultant changes in both the lives of women and family life. For example, working women are experiencing greater financial freedom and less need to marry or to stay married. This has resulted in later marriages, more living together unmarried, and higher divorce rates. While the majority of women still work because of economic necessity, they continue to have a history of receiving lower pay. In most organizations, men still control the fiscal management and decision making, and this tends to reinforce the glass ceiling that limits women's advancements, salaries, and opportunities. Further, of the single parent families living in poverty, approximately 58% are headed by women. Teenage girls in poverty environments are especially at risk.

Another growing and increasingly recognized outcome resulting from women continuing to work after marriage is the dramatic increase in the number of dual-career couples. This has created issues regarding whose career takes priority; the division of household responsibilities; and the bothersome issue of latchkey children, often left on their own without supervision for long periods of time.

The counselor's role in counseling women is often further complicated not only by the woman's perception of what is appropriate for her but also by society's expectations. Certainly counselors must be careful when counseling female clients to not reflect societal sex-role stereotypes.

Another complicating factor in counseling women is the multiple role expectations held for women as wife, mother, and employee. With increasingly greater numbers of women seeking counseling, especially for career planning and decision making, there is a need to be alert that sexist counseling does not limit their career opportunities. It is each counselor's responsibility to help women understand their own values, abilities, aptitudes, and interests and to help them utilize these to develop their fullest potential. In so doing, the counselor must, as always, function as a nonbiased, nonstereotyping helper.

Finally, it is important for counselors to remind themselves of the importance of practicing the basic skills of empathy and respect in establishing productive professional relationships with their female clients. It is also important for counselors to treat women not as simply biologically different but as individuals who are, like all clients, unique in their own right.

Older Adults

In the 1980s we became increasingly aware that the U.S. population was growing older, living longer and more actively, and becoming another special population for counseling services. Although in the past the elderly were in a sense often "out of sight, out of mind," it is clear that in the 1990s they increasingly came into the mainstream of public thought and activity. Popular books, such as *Old Friends* by Tracy Kidder (1993) and *The Fountain of Age* by Betty Friedan (1993), told us of the increasing age of our population and awareness of this aging. Around this time, the American Association of Retired People (AARP) became an increasingly influential organization representing the interests of the elderly. (Friedan notes (pp. 74, 210) that life expectancy in the United States has increased 30 years

in the 20th century and that between 1970 and 1985 the number of people over age 65 increased by 30%! In these early years of the 21st century, we can anticipate an elderly population (age 65 and older) of over 31 million. Further, this population will not only live but may also work longer if they choose, since the Age Discrimination in Employment Act of 1967, as amended in 1986, made it possible for workers to work beyond age 65.

It is interesting to note that even though older individuals are now living longer and healthier with the option of continuing to work, they are, as a group, declining to do so, as the age at which people retire continues to gradually move downward. Of course, some retirees will return to work when they experience boredom in retirement, but for many the option of early retirement may offer an escape from boring and unsatisfying jobs. Also, retirees seeking reentry into the workforce rarely find opportunities equal to the positions they left or commensurate with their abilities and previous experiences.

Regardless of when an elderly worker chooses to retire, the experience can be both significant and traumatic. For many retirees, adjusting to life without work is difficult because they feel a loss of status since workers are more valued in our society than nonworkers; for many it means a loss of planned involvement with other people; and some have developed so few supplemental leisure-time and recreational activities that life suddenly becomes boring or meaningless because they have excess time on their hands. But there is promise of a better transition for these older adults, and this promise appears to rely heavily on counseling. As employee assistance programs (EAPs) are increasingly helping older workers plan for their retirements and make psychological adjustments, such assistance is becoming an increasingly significant employee benefit and opportunity for counseling.

Counseling assistance to this population would tend to stress:

- Orientation to retirement with attending personal adjustment counseling.
- Financial planning.
- Career assessment and assistance for those desirous of some form (part-time or full-time) of continued employment.
- Leisure planning.

Additionally, most older adults will face other major changes in their twilight years that may be eased by counseling. These may include:

- The loss of one's spouse.
- The decline of physical and often mental capacity and well-being.
- A decline in financial security.
- A decline in mobility—not just in physical ability but also a time when they can no longer drive a motorized vehicle, which in itself may increase isolation.
- A decline in social contacts and increased loneliness.
- An increase in mental health problems.

Counselors will thus have the opportunities to meet, primarily through community services and outreach programs, the needs of another distinct and worthy segment of our population. The aged, like most special populations, must confront societal expectations and prejudices. While some individuals *do* become more absent minded, senile, or physically disabled, these are not appropriate characteristics to assign all aged individuals. Counselors working with older clients must again exhibit acceptance, openness, and respect of clients and their values. Even the oldest client must be permitted to look ahead

and plan for a different future if this is the client's desire. If a lack of awareness and attitudes is not inhibiting, counselors can help older clients find new meanings and roles in life.

Business and Industry

Recent generations have witnessed a steady broadening of the opportunities for counselors to function in a variety of settings. This is due in part to organizations, agencies, and special populations recognizing that they share needs and concerns in common with other populations and to the availability of settings where these needs and concerns are recognized and dealt with. Increasingly, business and industrial organizations, and their workforces, have realized that they may benefit, from both a corporate and individual viewpoint, from programs of counseling assistance.

Counselors working in EAP settings need to be aware that the purpose of such programs are to assist the business and/or industrial organization in maintaining or increasing productivity and efficiency by assisting the employees in identifying and resolving their personal concerns. Such concerns may not be within the work setting but would include, for example, marital and family issues, substance abuse, stress management, and other personal issues that would affect a worker's job performance. For example, the U.S. Postal Service program suggests that its professional counselors be prepared to assist employees with such common concerns.

EAP counseling tends to emphasize short-term or brief therapy treatment. Clients with more serious problems that may require long-term treatment are usually referred. Counselors in EAP settings also frequently work with groups, particularly in dealing with such issues as stress management and retirement planning.

Certainly counselors can also provide worthwhile programs to facilitate the career development and placement or replacement of workers and management personnel. In recent years, the downsizing of many corporations and the merging of others have led to layoffs, reassignments, and relocations that have also increased the emphasis on career counseling. Personnel training, especially in human relationship and communication skills, is another area of promise. Increased emphasis is also noted on prevention and wellness programs for employees.

Counselors may also work with executives and management personnel to assist them in improving their communication skills and abilities to recognize and facilitate the solution of personality conflicts and interdepartmental disputes. In another area, EAP programs can provide support and assistance in helping home life and work life fit together and complement each other.

It is also important to note that in some business settings counselors are being hired on a contractual basis, rather than as full-time employees of organizations.

AIDS Patients

Acquired immunodeficiency syndrome (AIDS) was recognized and labeled over two decades ago. Since that time it has become one of the most feared of diseases and health epidemics. The rapid spread of AIDS and its incurability and rapid fatality rate have caused worldwide alarm. For example, worldwide over 22 million people have died from AIDS. Over 42 million people are living with HIV/AIDS worldwide, and 74% of these infected

people live in sub-Saharan Africa. By the year 2010, five countries (Ethiopia, Nigeria, China, India, and Russia) with 40% of the world's population will add 50 million to 75 million infected people to the worldwide pool of HIV disease. An estimated 1 million people are currently living with HIV in the United States, with approximately 40,000 new infections occurring each year. Half of all new infections in the United States occur in people 25 years of age or younger (Until There's a Cure, 2006).

Treatments to extend the life of victims are continuing to be developed. AIDS patients are also looking to improve their quality of life, including their psychological well-being. As patients and their close friends and relatives increasingly seek counseling to help them cope with the emotional stresses resulting from AIDS, counselors must become more knowledgeable about the disease and the psychological reactions most likely to occur. Initial shock and panic are typical reactions of those learning they have contracted AIDS. Additionally, they frequently feel isolated and punished (Why me?!). Low self-esteem is often reinforced by discrimination, including difficulty in securing and holding a job and developing and maintaining social relationships.

Counselors providing assistance to AIDS-infected clients must recognize that the clients have frequently lost social support from both friends and family, which results in their loss of ability to cope. Serious depression is not uncommon among this group. Many will also react with anger and frustration. Counselors can be helpful in assisting and educating the support systems of patients—families, friends, employers—and in helping the AIDS patient focus on life and living. This may include the development of adequate coping styles, identifying and entering careers in which they can achieve, and joining AIDS support groups. Counseling AIDS clients requires great sensitivity and understanding of the complexities of the disease. Counselors must also guard against their own possible prejudices and fears.

Abuse Victims

With legal responsibilities for reporting suspected cases, the number of children abused annually is estimated to be over 1 million. Domestic violence characterized by spouse abuse and/or child abuse is rampant in the United States, and the personal, social, and economic costs are inestimable. Reports indicate that one third of all married people engage in spouse abuse. As public awareness of the extent of the problem has increased, so have efforts to provide assistance and refuge for the adult victims and frequently to relocate the children.

Spouse abuse is frequently associated with poverty, substance abuse, and career disappointments. For abused spouses, the most popular response has been providing shelters and crisis hotlines. Most of the personnel for these settings are drawn from the ranks of paraprofessional and volunteer workers, although helping professionals such as counselors, social workers, and/or psychologists are increasingly being utilized.

In recent years the public has also become more aware of the nature and extent of child abuse in the United States. Even so, we suspect the real extent of this national tragedy is largely unreported. Not only does child abuse destroy the joys and memories of youth, but its damaging aftereffects can cause psychological problems throughout the victims's adult life. The federal government and all states have passed legislation to stop child abuse. School counselors are mandated reporters of suspected child abuse in most states and, as a result, can be penalized for failing to report such cases.

Baker and Gerler (2004) suggest steps as follows in reporting child abuse as a school system employee:

1. Report suspected cases of child abuse to the building principal immediately; that is, children under age eighteen who exhibit evidence of serious physical or mental injury not explained by the available medical history as being accidental; sexual abuse or serious physical neglect, if injury, abuse, or neglect has been caused by the acts or omissions of the child's parents or by a person responsible for the child's welfare.
2. Each building principal will designate a person to act in his or her stead when unavailable.
3. The principal may wish to form a team of consultants with whom to confer (e.g., school nurse, home and school visitor, counselor) before making an oral report to public welfare service representatives. This should be done within twenty-four hours of the first report.
4. It is not the responsibility of the reporter to prove abuse or neglect. Reports must be made in good faith, however.
5. Any person willfully failing to report suspected abuse may be subjected to school board disciplinary action. (p. 67)

Additionally:

school counselors are the central helpers in any school system's child abuse prevention efforts. They must recognize the symptoms of possible abuse and their legal reporting responsibilities. They must also recognize their responsibility to take a leadership role in developing and implementing an effective program of child abuse prevention. Allsopp and Prosen (1988) emphasize the increasing need for counselors to provide appropriate training and information for school personnel who might be involved in cases of suspected child abuse. They discuss a model program which has been successfully implemented in the training of over 2,000 teachers and administrators to deal with sexual abuse cases. The program consisted of (a) information related to offenders, victims, and non-offending family members; (b) present laws and proposed legislation; (c) requirements and procedures for school systems in reporting suspected child sexual abuse; and (d) available community resources for victim's use. Ninety-eight percent of teachers reported that the program increased their awareness of victims and offenders; 92 percent stated that the program provided them with a clearer understanding of the school system's procedures for reporting child sexual abuse; 93 percent expressed they had increased their knowledge of county services currently available to victims; and 98 percent reported that as a result of participation in the program, they felt more adequately prepared to deal with a situation in which a child was sexually abused. (Gibson et al., 1993, p. 109).

The American School Counselor Association (2003b) indicates that

It is the professional school counselor's legal, ethical and moral responsibility to report suspected cases of child abuse/neglect to the proper authorities. Recognizing that the abuse of children is not limited to the home and that corporal punishment by school authorities might well be considered child abuse, ASCA supports any legislation that specifically bans the use of corporal punishment as a disciplinary tool within the schools.

In recent years, we have also been made much more aware of the incidence of sexual abuse as the victims come forward and discuss the harmful effects of their experiences. Women are

the most likely to be the victims of domestic violence and sexual abuse. Young boys, however, are more likely to be abused outside the family than girls.

We can only assume that the extent of reported sexual abuse is minimal and that because of guilt, stigma, and fear, many, many incidents continue to go unreported. Regardless, the effect can be traumatic. The emotional effects can result in a sense of being guilty or responsible for the abuse; low self-esteem; depression; anger; fear and the inability to trust others; helplessness; and negative attitudes toward sexuality.

Again, it is important to note the role of prevention programs. Such programs require careful planning and a coordinated effort involving school and community agency counselors, social workers, teachers, administrators, nurses, and significant community groups. Parents obviously should be involved and educated regarding their responsibilities. Children themselves need to be educated and informed regarding sources of help if needed. The local media should also be requested to fully publicize the efforts to prevent child sexual abuse.

Sexual abuse is, of course, not limited to children. Adolescents are also frequently victimized, and rape, including date rape, is being increasingly reported. While prevention is the desired antidote, we must still be prepared to assist the victims through crisis lines, crisis centers, and specialized rape assistance programs.

The victims of child abuse may be placed in temporary shelters or, in extreme cases, foster homes. The current trend, however, is to hold the family together if at all possible. An effort is made to give the parents the training and support they need to become adequate parents. Groups are commonly used for this purpose. The goal is to help them break the cycle of abuse. It should be emphasized that effective parenting does not come naturally but must be learned in a step-by-step fashion.

Counselors functioning in those settings serving abused spouses or children need special skills in individual and group counseling and crisis and short-term interventions, plus a knowledge of marriage and family dynamics.

Gays and Lesbians

In recent generations the counseling profession has become more aware of issues relating to the counseling of lesbian women, gay men, and individuals with other gender-identity issues, such as transsexuals. As many of this population are now readily acknowledging their sexual orientations and moving more openly into the public mainstream, more members of this group can be expected to seek assistance from counseling professionals, as they are frequently the victims of harassment, violence, discrimination, and isolation. "Suicide is the leading cause of death among gay and lesbian youth. Approximately 28% of gay and lesbian youth drop out of high school because of discomfort (due to verbal and physical abuse) in the school environment" (PFLAG Phoenix, n.d.).

Given that the research on the lesbian and gay populations to date is complex, often contradictory, and, in some cases, biased as well, counselors may find it confusing to find agreed-upon guidelines for providing effective counseling. However, in practice, many of the profession's proven approaches would appear to provide a basis for assistance inasmuch as many of the common problems faced by gays and lesbians are not unique to this population. These include the problems of (a) societal prejudice, (b) family conflict, (c) peer ridicule and rejection, and (d) health fears (especially AIDS).

In counseling, then, we would assume that awareness, acceptance, and understanding would provide a basic foundation. Going beyond these basics, counselors must also be aware of the impact of societal prejudices, including the social stereotypes that exist regarding sexual minorities. Religious views of gays and lesbians are frequently troublesome to these clients, especially those with strong religious ties. Family awareness and interactions and support or nonsupport for the gay or lesbian client is frequently an issue. While confidentiality is a hallmark of the client–counselor relationship, it is often necessary to emphasize with gay and lesbian clients that the highest level of confidentiality will be maintained within the limits permitted by the law and ethical guidelines. Counselors must also recognize that, in some circumstances, management such as school administrators may demand to be made aware of employees or students who are gays or lesbians. Parents can also be demanding in this regard. Regardless of the circumstances, confidentiality (within legal and ethical guidelines) *must* be maintained.

In working with gay and lesbian clients, counselors may utilize a variety of techniques and draw upon a range of theoretical approaches. In the latter instance, for example, person-centered approaches may assist the client in self-examination and expression of repressed feelings. Gestalt techniques may be effective in helping the client to develop his or her awareness of the ambivalence and confusion centering around homosexual affiliation. Family systems approaches are obviously important in assisting clients and their families in adjusting to their gay and lesbian members.

Counselors should anticipate gays and lesbians among their clientele at all ages and be comfortable as well as knowledgeable in working with this population. The latter includes understanding the lifestyle- and gender-specific issues common at different stages across the life span of gays and lesbians. In some settings and situations, counselors may find it useful to identify therapists who are themselves gays or lesbians for referral or consultative purposes.

People with Disabilities

It is estimated that there are over 6 million Americans of working age with varying degrees of physical or mental disabilities in the United States. Nearly two thirds of this group are unemployed. Many of this group who are employed face significant environmental and attitudinal barriers, often subtle. Because of the special needs of this population, rehabilitation counseling emerged as a specialty beginning in the period following World War I and accelerating in the period following World War II. Today, within the profession, it is recognized as a specialty area requiring specialized training. However, it must be recognized that in many locales, rehabilitation counselors are not available. In business and industrial settings, data indicate that employment and retention are enhanced for the disabled with counseling and even more so where training and support groups are available. It should also be noted that while the career development issues of individuals with disabilities will be very similar to those experienced by all populations, they usually will require a recognition of the disability in planning strategies for facilitating the career development of this population, including the education of employers. Counselors, as well as employers of the disabled, must be aware that the goal of the Americans with Disabilities Act is to remove all barriers that have restricted people with disabilities from achieving their potential in employment and in the community.

The Poor

While the concept of people living in poverty seems inconsistent with the American Dream, the fact is that over 34 million people are living below the poverty level in the United States. Dispelling the theory that the majority of these people are minorities, the statistics indicate that 23.4 million are white, 9 million are black, and 8 million are Hispanic. The most commonly recognized geographic settings of these populations are the large metropolitan industrial areas and rural settings with few natural resources. In these settings it appears that many individuals are born into the cycle of poverty, a cycle in which their parents have lived in poverty, they will live in poverty, and their children will live in poverty. To many in these settings, it appears there is no way out. The fact that the public schools in these environments are usually the poorest means that little educational stimulation or motivation is available to prepare one to move out of this cycle. In addition, this population tends toward public apathy and little political action (with a great deal of shouting at election time). In the latter instance, it must be recognized that this population has little, if any, political influence and certainly are not big contributors to the campaigns of politicians. In addition, career counseling programs, coupled with career training programs, are rare in these settings. Where they do exist, they are often viewed with suspicion or simply ignored due to lack of public information. To be effective in these settings, counselors must first understand the culture of the poor. This is essential if a meaningful public information program is to be undertaken. Of course, informing the potential client population is not an end in itself. It is critically important that counselors in these settings be able to relate to these clients on a one-to-one basis. Group work can also be very helpful where counselors recognize the uniqueness and the problems of the poverty populations.

SUMMARY

Counseling is the heart of the counselor's activity. Although there is general agreement in broadly defining counseling, a variety of theoretical concepts have emerged over the years. Traditional approaches such as psychoanalytic and client-centered theories are still popular, but in recent generations behavioral theory, rational emotive behavior therapy theory, reality therapy theory, and integrative theory have attracted followers. However, as noted in concluding our discussion of theory, counselors may still opt for the eclectic approach, which gives the option of selecting from any and all existing theories.

The counseling process initially focuses on relationship establishment, then seeks to identify and explore the client's problem with the objective of establishing client goals. The process then proceeds to the planning and problem-solving stage and, finally, to application of the solution and termination of

the counseling relationship. Although these stages tend to blend into each other, they serve as a guide to a logical sequence of events for the counseling process. The effective application of the process is dependent upon the basic counseling skills required of the counselor.

More and more attention has been given to the counselor's responsibility and need for special preparation in dealing with the U.S. population's diversity and a range of special problems. Recent generations have also noted increased usage of group counseling and other group techniques by counselors. These are discussed in Chapter 5.

DISCUSSION QUESTIONS

1. Discuss how you might proceed to establish a desirable and productive counseling relationship with an online client.

2. Discuss how online counseling and current technology may outdate or reinforce the popular theories of counseling from the mid 20th century.
3. How can counseling help improve the quality of life for (a) children of elementary school age? (b) the elderly of postretirement age?
4. When, or under what circumstances, would you encourage a friend to see a counselor?
5. How do you interact in establishing a relationship when you meet someone for the first time? What impresses you most about an individual when you meet him or her for the first time?
6. What are the differences and similarities between advising, providing guidance, and/or counseling an individual?
7. Discuss how you might proceed to establish a positive counseling relationship with an online client.

CLASS ACTIVITIES

1. Interview a practicing counselor regarding his or her theoretical orientation and how she or he determined that this theory was the most appropriate for them.
2. Identify the counseling theory that at this early point in your training you feel would be most appropriate for you. Share your rationale (in a group) with others in the class who have selected the same theory.
3. Conscientiously practice the basic counseling skills of attending behavior in your interactions with others for a week. Report your reactions and/or results.
4. Keep a log noting the effectiveness of your communication skills with others over a 3-day period. What are the implications of your findings?
5. Organize the class into groups of three. Each individual in the triad is to alternate role-playing the role of counselor, client, and observer. The client is to role-play a client with a problem; each of the three role-playing counselors is to practice, in the first round, the skill of attending behavior; in the second round, attending behavior plus reflection

of feelings; in the third round, attending behavior, reflection of feeling, and facilitative communication. The observer, in addition to observing the process, is to evaluate the effectiveness of the counselor in practicing the basic skill or skills, in addition to being the timekeeper for each session (approximately 5–7 minutes for the first round, 10 minutes for the second and third rounds). After the conclusion of each counseling “session,” counselor and client should also assess the process (allow about 15–20 minutes after each session for this activity).

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5

Group Techniques for Counselors

The rugged individualist has been extolled over the years in U.S. history. The sagas and accomplishments of Daniel Boone, Davy Crockett, Wild Bill Hickok, Wyatt Earp, Buffalo Bill, Susan B. Anthony, Charles Lindbergh, and others have been told and retold. We still pay certain homage today to the “lone wolf” who can make it alone, ignore the system, or shun the spotlight. Perhaps one of the reasons we so admire this rugged individualist is that we recognize it is almost impossible to go it alone in today’s group-oriented, group-dominated, and group-processed society. In fact, to be well-adjusted today, in a given society usually means that the individual has mastered the society’s norms of social interaction for functioning appropriately in groups.

The objectives of this chapter are therefore (a) to identify the various types of group settings used by counselors to assist their clients and (b) to introduce the process and values of group counseling, group guidance, and values clarification techniques.

We can see the influence and dependence on groups from examining the individual’s functioning in today’s society. Such an examination leads to the following conclusions:

1. Humans are group oriented. People are meant to complement, assist, and enjoy each other. Groups are natural venues for the emergence of these processes. Thus, one of the major advantages of group counseling is the impact of the group upon the individual and his or her desired behavioral change.
2. Humans seek to meet most of their basic and personal social needs through groups, including the need to know and grow mentally; thus, groups are a most natural and expeditious way to learn.
3. Consequently, groups are most influential in how a person grows, learns, and develops behavioral patterns, coping styles, values, career potentials, and adjustment techniques.

Groups are also influential in stimulating individual motivation.

For counselors, teachers, and others who work with groups in leadership, facilitative, and teaching capacities, the following additional assumptions can be made:

1. An understanding of the influences and dynamics of groups can improve one’s assessment and understanding of individuals.
2. An understanding of the organization and utilization of groups can help you in the teaching and guiding of others.

3. Group counseling may be more effective than individual counseling for some people and some situations.
4. Special populations can benefit from groups specially designed to recognize their uniqueness or their needs.

DEFINITIONS AND EXPLANATIONS

In any study of groups, particularly one that is introductory, it is important at the onset to clarify the various labels in group counseling and guidance, including a definition of *group*. Webster's *Third New World International Dictionary* (unabridged) defines a group as "a number of individuals bound together by a community of interest, purpose, or function." However, within and across the professional disciplines engaged in the study and practice of groups, wide variations are found in defining a group. To narrow the definition of *group* for discussion here, note that counseling groups are characterized by interaction. They are functional or goal-oriented groups. Aggregate groups without interaction of the members are not functioning groups.

Counselors may view various group activities as occurring at three levels. These are the guidance level, the counseling level, and the therapy level. Definitions of these and other group configurations are given in the next sections.

Group Guidance

Group guidance refers to group activities that focus on providing information or experiences through a planned and organized group activity. Examples of group guidance activities are orientation groups, career exploration groups, college visitation days, and classroom guidance (discussed later in this chapter). Group guidance is also organized to prevent the development of problems. The content could include educational, vocational, personal, or social information, with a goal of providing group members with accurate information that will help them make more appropriate plans and life decisions.

Group Counseling

Group counseling refers to the routine adjustment or developmental experiences provided in a group setting. Group counseling focuses on assisting counselees to cope with their day-to-day adjustment and development concerns. Examples might focus on behavior modification, developing personal relationship skills, concerns of human sexuality, values or attitudes, or career decision making.

Group Therapy

Group therapy provides intense experiences for people with serious adjustment, emotional, or developmental needs. Therapy groups are usually distinguished from counseling groups by both the length of time and the depth of the experience for those involved. Therapy group participants often are individuals with chronic mental or emotional disorders requiring major personality reconstruction. Group therapists obviously require a higher level of training.

T-Groups

T-groups are derivatives of training groups. They represent the application of laboratory training methods to group work. T-groups represent an effort to create a society in miniature with an environment designed especially for learning.

T-groups are relatively unstructured groups in which the participants become responsible for what they learn and how they learn it. This learning experience also usually includes learning about how people function in groups and about one's own behavior in groups. A basic assumption appropriate to T-groups is that learning is more effective when the individual establishes authentic relationships with others.

Sensitivity Groups

In actual practice, the label *sensitivity groups* appears to be applied so frequently and broadly as to be almost meaningless. In a more technical sense, however, a sensitivity group is a form of T-group that focuses on personal and interpersonal issues and on the personal growth of the individual. Emphasis in sensitivity groups is on self-insight, which means that the central focus is not the group and its progress but rather the individual member.

Encounter Groups

Encounter groups are also in the T-group family, although they are more therapy oriented. Rogers (1967) defines an encounter group as a group that stresses personal growth through the development and improvement of interpersonal relationships via an experiential group process. Such groups seek to release the potential of the participants:

In an intensive group, with much freedom and little structure, the individual will gradually feel safe enough to drop some of his defenses and facades; he will relate more directly on the feeling basis (come into a basic encounter) with other members of the group; he will come to understand himself and his relationship to others more accurately; he will change in his personal attitudes and behavior; and he will subsequently relate more effectively to others in his everyday life situation. (p. 262)

Extended encounter groups are often referred to as *marathon groups*. The marathon encounter group uses an extended block of time in which massed experience and accompanying fatigue are used to break through the participants' defenses.

Although encounter groups offer great potential for the group members' increased self-awareness and sensitivity to others, such groups can also create high levels of anxiety and frustration. Obviously, if encounter groups are to have maximum potential and minimal risk, they must be conducted by highly skilled and experienced counselor leaders.

Task Groups

Task groups are organized to meet organizational needs through task forces or other organizational groups or to serve individual needs of clients through such activities as social action groups. These groups are frequently useful to organizations seeking ways to improve their functioning. In agency counseling centers, task groups may be organized to assist clients in dealing with a wide spectrum of needs ranging from spiritual to educational.

Psychoeducation Groups

Psychoeducation groups emphasize cognitive and behavioral skill development in groups structured to teach these skills and knowledge. Psychoeducational groups are oriented more toward guidance than toward counseling or therapy. These groups tend to be short-term in duration and focused on specifically delineated goals. Attention is directed at current life situations, and interactions within the group are related to the group theme.

Minigroups

Although technically two or more people can constitute a group, the use of the term *minigroup* has become increasingly popular in recent years to denote a counseling group that is smaller than usual. A minigroup usually consists of one counselor and a maximum of four clients. Because of the smaller number of participants, certain advantages can result from the more frequent and direct interaction of the group members. Withdrawal by individuals and the development of factions or cliques are less likely in minigroups.

Group Process and Group Dynamics

Two terms commonly used in describing group activities are *process* and *dynamics*. Although often used interchangeably, the terms do have different meanings when used to describe group counseling activities. The beginning counseling student should note that *group process* is the continuous, ongoing movement of the group toward achievement of its goals. It represents the flow of the group from its starting point to its termination. It is a means of identifying or describing the stages through which the group passes.

Group dynamics, on the other hand, refers to the social forces and interplay operative within the group at any given time. It describes the interaction of a group and can indicate the impact of leadership, group roles, and membership participation in groups. It is a means of analyzing the interaction between and among the individuals within a group. Group dynamics is also used on occasion to refer to certain group techniques, such as role-playing, decision making, rap sessions, and observation.

In-Groups and Out-Groups

Although *in-groups* and *out-groups* are not formal groups organized or overseen by counselors, they are often important influences on client behaviors. These groups can be based on almost any criteria: socioeconomic status, athletic or artistic accomplishments (in schools especially), a particular ability, racial-cultural origins, and so forth. In-groups are characterized by association mostly with peers who share the defining characteristic, and out-groups consist of those who are excluded from in-groups. In many counseling situations, it is important for counselors to understand how clients see themselves and others in terms of “in” or “out.”

Social Networks

Although not a group in a formal sense, a social network results from the choices that individuals make in becoming members of various groups. As counselors we may be concerned with how these choices are made and what their impact is on individuals.

Sociologists engage in social network analyses to determine how the interconnectedness of certain individuals in a society can produce interaction patterns influencing others both inside and outside the network.

PROFESSIONAL STANDARDS FOR THE TRAINING OF GROUP WORKERS

The Association for Specialists in Group Work (ASGW) advocates the incorporation of core group competencies into required training at the master's-degree level in all counselor education programs. It also supports preparation of group work specialists at the master's-degree level and the continued preparation of group work specialists at the post-master's level through the education specialist (Ed.S.) degree, certification, doctoral degree, continuing education, and so forth, recognizing that recommended levels of group work specialty training in many programs will have to be preceded by completion of the master's degree.

The year 2000 revision of the *Professional Standards for Training of Group Workers* contains two levels of competencies and related training that have been identified by the ASGW Standards Committee:

1. *Core Training Standards:*

Coursework Requirements: Core training shall include at least one graduate course in group work that addresses but [is] not limited to scope of practice, types of group work, group development; group process and dynamics, group leadership, and standards of training and practice for group workers.

Experiential Requirements: Core training shall include a minimum of 10 clock hours (20 clock hours recommended) observation of and participation in a group experience as a group member and/or as a group leader.

2. *Group Work Specialists:* Advanced competencies that build on the generalist core in the four identified group work specialties of

- Task/work groups, including knowledge, skills, and supervised practice beyond core group training (additional minimum: 30 clock hours; recommended: 45 clock hours);
- Guidance/psychoeducation groups, including knowledge, skills, and supervised practice beyond core group training (additional minimum: 30 clock hours; recommended: 45 clock hours);
- Counseling/interpersonal problem-solving groups, including knowledge, skills and supervised practice beyond core group training (additional minimum: 45 clock hours; recommended: 60 clock hours);
- Psychotherapy/personality reconstruction groups, including knowledge, skills, and supervised practice beyond core group training (additional minimum: 45 clock hours; recommended: 60 clock hours). (Association for Specialists in Group Work, 2000, pp. 4–10).

For the training of those who engage in group psychotherapy, a distinguished scholar in the field, Irvin D. Yalom, suggests four major components essential to a comprehensive training program beyond the didactic and theoretical: (a) observation of experienced group therapists at work, (b) close clinical supervision of students' maiden groups, (c) a personal group experience, and (d) personal psychotherapeutic work (2005, p. 545).

GROUP COUNSELING

More than a hundred years ago, the psychologist William James (1890) wrote:

We are not only gregarious animals liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed and noticed favorably, by our kind. No more fiendish punishment could be devised, were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof. (p. 293)

James, as well as others, noted over time the importance of human relationships in meeting people's basic needs and influencing their individual development and adjustment. For most, the vast majority of these relationships are established and maintained in a group setting; for many, daily routine adjustment problems and developmental needs also have their origins in groups. Interest has increased in encouraging social skills development among groups in the elementary school grades and in fostering positive group relationships and communication skills across all ages of the adult population.

Counseling, as a facilitative science, is based in helping relationships, which must also be human relationships. Because the most frequent and common human relationship experiences occur in groups, groups also can provide positive developmental and adjustment experiences for many people. The next sections examine some of the potential values of group counseling and the ways these values are realized. Also discussed are the importance to the counselor of selecting participants and forming groups carefully and of mastering the skillful use of group techniques.

Theoretical Considerations

In Chapter 4, we discussed popular theoretical orientations as well as the important rational base that theory provides for good counseling practice. As in individual counseling, effective group counseling emanates from a sound theoretical base. Therefore, let us briefly reexamine the popular counseling theories in the context of their application to group rather than individual counseling settings.

In groups led by counselors with a *psychoanalytic* theoretical orientation, the counselor interprets transference and resistances in order to free the client's unconscious. The analysis may focus on the behavior of individual members of the group and/or the behavior of the group as a whole.

Individual or Adlerian group leaders are somewhat direct and active in the group process while recognizing that group members can decide what to do for themselves. The group setting is viewed as a safe opportunity for members to examine themselves, develop self-respect, and improve their social interactions as they strive to develop their potential.

Client-centered counselors have always had an active interest in group counseling. Carl Rogers coupled his beliefs about human behavior with his observations of therapeutic groups to formulate his ideas of group counseling and therapy, which he applied to a *basic encounter group*. The client-centered approach assumes that people have a natural tendency to grow and improve themselves. Group counseling can provide an atmosphere within which members feel safe to reveal their needs and ultimately to improve their lives. The group leader also models behavior that contributes to a positive group environment and the overall group process.

The *behavioral* counselor in the group setting proceeds to systematically identify the members' problems in behavioral terms. Behavioral objectives are established for members, and the counselor reinforces the behaviors that clients wish to acquire.

In group counseling the *rational-emotive* therapist, not the environment, is prominent in promoting client change. He or she does this through reason, persuasion, role-playing, and so forth. The counselor seeks to bring about cognitive and rational behavior change. Within the group, members help each other in identifying illogical, emotionally driven behaviors.

Reality-oriented groups provide a caring environment in which clients can feel worthwhile and secure enough to explore more satisfying behavior. The counselor may function as a teacher in leading the group members to adapt more appropriate behaviors and make more realistic choices.

As noted in Chapter 4, *transactional analysis* (TA) is essentially a process for counseling individuals within the group setting. TA counselors usually feel that the first step in establishing a TA group is teaching group members to recognize ego stages.

Gestalt therapists focus on the integration of the person "getting it all together" with counselor–client interaction considered a key to this process. This focus does not change in the group setting, as is evident in the goals of such groups, shown in Table 5-1.

Eclectic counselors, in group counseling situations as in individual counseling, utilize a number of different theoretical perspectives to respond to a variety of clients, interactions, and problems. Table 5-1 offers a comparison of the group goals of the different theoretical viewpoints.

Values of Group Counseling

Group counseling is not a team sport. The goal is not to have a winning group but to achieve the goals of, meet the needs of, and provide an experience of value to the individual members who constitute the group. Following are some of the opportunities that group counseling can offer:

1. *Individuals can explore, with the reinforcement of a support group, their developmental and adjustment needs, concerns, and problems.* Groups can provide a realistic social setting in which the client can interact with peers who not only are likely to have some understanding of the problem or concern that the client brings to the group but who will, in many instances, also be sharing the same or a similar concern. The counseling group can provide the sense of security group members need to interact spontaneously and freely and take risks, thus promoting the likelihood that the needs of each of the members will be touched on and that the resources of peers will be utilized. The old saying that "Misery loves company" may in fact provide a rationale for group counseling. People are more comfortable in sharing a problem with others who have similar experiences, and they may also be more motivated to change under these conditions.

2. *Group counseling may give the client an opportunity to gain insights into his or her own feelings and behavior.* Yalom (2005), in discussing the group as a social microcosm, stated that "a freely interactive group, with few structural restrictions, will, in time, develop into a social microcosm of the participant members" (p. 31). He also points out that given enough time in the group setting, clients will begin to be themselves, interact with others,

Table 5-1 Comparative overview of group goals.

Model	Goals
Psychoanalytic	To provide a climate that helps clients reexperience early family relationships. To uncover buried feelings associated with past events that carry over into current behavior. To facilitate insight into the origins of faulty psychological development and stimulate a corrective emotional experience.
Adlerian	To create a therapeutic relationship that encourages participants to explore their basic life assumptions and to achieve a broader understanding of lifestyles. To help clients recognize their strengths and their power to change. To encourage them to accept full responsibility for their chosen lifestyle and for any changes they want to make.
Psychodrama	To facilitate the release of pent-up feelings, to provide insight, and to help clients develop new and more effective behaviors. To open up unexplored possibilities for solving conflicts.
Existential	To provide conditions that maximize self-awareness and reduce blocks to growth. To help clients discover and use freedom of choice and assume responsibility for their own choices.
Person-centered	To provide a safe climate wherein members can explore the full range of their feelings. To help members become increasingly open to new experiences and develop confidence in themselves and their own judgments. To encourage clients to live in the present. To develop openness, honesty, and spontaneity. To make it possible for clients to encounter others in the here and now and to use the group as a place to overcome feelings of alienation.
Gestalt	To enable members to pay close attention to their moment-to-moment experiencing, so they can recognize and integrate disowned aspects of themselves.
Transactional analysis	To assist clients in becoming free of scripts and games in their interactions. To challenge members to reexamine early decisions and make new ones based on awareness.
Behavior therapy	To help group members eliminate maladaptive behaviors and learn new and more effective behavioral patterns. (Broad goals are broken down into precise subgoals.)
Rational emotive behavior therapy	To teach group members that they are responsible for their own disturbances and to help them identify and abandon the process of self-indoctrination by which they keep their disturbances alive. To eliminate the clients' irrational and self-defeating outlook on life and replace it with a more tolerant and rational one.
Reality therapy	To guide members toward learning realistic and responsible behavior. To assist group members in evaluating their behavior and in deciding on a plan of action for change.

Source: From *Theory and Practice of Group Counseling* (5th ed.) by G. Corey. © 2000. Reprinted with permission of Wadsworth, a division of Thomson Learning: www.thomsonrights.com. Fax 800-730-2215.

and create the same interpersonal universe they have experienced, including the display of maladaptive, interpersonal behavior to the group. Yalom also states that corrective emotional experiences in groups may have several components, including these:

- A strong expression of emotion which is interpersonally directed and which represents a risk taking on the part of the patient
- A group supportive enough to permit this risk taking
- Reality testing which allows the patient to examine the incident with the aid of consensual validation from the other members
- A recognition of the inappropriateness of certain interpersonal feelings and behavior or of the inappropriateness of certain avoided interpersonal behaviors
- The ultimate facilitation of the individual's ability to interact with others more deeply and honestly. (p. 6)

As clients gain new insights into their behaviors and feelings from interactions with members of the counseling group, their self-concept formation may also be affected. Because of the significant influence self-concept has on an individual's personal social adjustment and his or her perception of school and career decision making, the opportunity to bring about positive change in self concept through new insights provided by the group counseling experience can be a very valuable benefit.

3. *Group counseling provides clients with an opportunity to develop positive, natural relationships with others.* The personal interactions that take place within the group counseling structure provide an excellent and continuous opportunity for group members to experiment with and learn to manage interpersonal relations. This includes developing sensitivities to others' needs and feelings. It also provides opportunities for members to learn of the impact their behaviors have on others. Thus, through the group process and its interactions and sharing of experiences, clients may learn to modify earlier behavior patterns and seek new, more appropriate behaviors in situations that require interpersonal skills.

4. *Group counseling offers opportunities for clients to learn responsibility to themselves and others.* Becoming a member of a counseling group implies the assumption of responsibilities. Even when clients show initial tendencies to avoid assuming responsibility for their own behavior, contributing to the group's interactions, or accepting their "assignment" within the group, these avoidance techniques will usually fade as group relationships develop and group goals are established.

Selection of Group Members

All of us have had experience in organizing groups. When deciding on group members for a social occasion, we select good old Charlie because he is a laugh a minute; Diane, because she gets along with everybody; Harry, in case we need some serious conversation; and Olga, because she is a good listener. On the other hand, if the purpose of the group is a more serious one, such as planning a neighborhood park, we might choose Rosalie, because of her knowledge of flowers and shrubbery; Jim, because he is a landscaping expert; Jane, because of her architectural skills; and Jerry, because of his proven fund-raising abilities. In each instance, people are usually selected because they can contribute something to the group and its interaction.

Forming counseling groups is obviously not approached as casually as creating social groups. Professionally, we must have some criteria beyond guesstimates of what is needed. One way to gather objective data that can help in the formation of counseling groups dealing with specific and identifiable needs is the needs assessment.

A needs assessment is important to stay fully informed about the current needs of your constituents, in this case of your group members. Without tapping into them on a regular basis, you may be providing services that are not relevant or that do not accurately meet their requirements.

There are formal and informal ways to conduct a needs assessment. In a school setting, you could informally poll parents, teachers, children, and administrators by directly asking them for their opinions on what group topics and issues need to be addressed. A more formal way to gather this important data is to develop a simple survey instrument that can more accurately assess the current state of needs, thus providing more in-depth information for both planning and evaluating future groups (Smead, 1995, p. 23).

Although group counseling focuses on the needs of the individual, the importance of group membership to the achievements and adjustments of individuals in the group cannot be overestimated. Group member selection is one key to a successful counseling group. The following are possible criteria for the selection of group members: (a) common interest, (b) volunteer or self-referred, (c) willingness to participate in the group process, and (d) ability to participate in the group process. A popular criterion for group selection also may be a common interest of the potential members in a similar problem, concern, or issue.

Many group specialists believe that the best group member is self-referred. Group counseling should be an option chosen by the group participants. Choice guarantees the protection of each client's rights. It also further enhances the motivation for counseling should the client decide to be in a counseling group.

Corey (2000) notes that

screening should be a two-way process. Therefore, the potential members should have an opportunity at the private screening interview to ask questions to determine whether the group is right for them. Group leaders should encourage prospective members to be involved in the decision concerning the appropriateness of their participation in the group. (p. 89)

In the selection of potential group members, both the counselor and the potential participant are involved. It is important that *both* determine the readiness of the individual to participate positively with prospects for desirable outcomes in the counseling group.

In some instances, potential group members may lack the ability or desire to communicate with others or to relate to and assist others. From the standpoint of temperament, not everyone will be a suitable group member. In short, a person must possess certain abilities or aptitudes if he or she is to profit from and contribute to the group experience. Thus, although any number of procedures may be used by counselors to form a group, inviting clients to participate once the counselor has become familiar with each of them and his or her concerns is a procedure that is the most realistic and professionally sound. We cannot emphasize enough the importance of the clients being comfortable and satisfied with their

decision to participate. Obviously, the selection of candidates appropriate to the group is central to the potential success of the group.

The following should be considered during the process of screening interviews for possible group membership:

- Identify the ground rules that group members are expected to follow. These would include (a) the right of all group members to express their views, (b) the suggestion that no personal viewpoint is unimportant, and (c) the absolute necessity for confidentiality.
- Describe how a counseling group develops and functions. Special attention should be given to how the group members individually can benefit the most from the group experience.
- Emphasize honesty and openness as critical components throughout the duration of the group.
- Point out that although an objective of the group is to help members enhance interpersonal relationship skills, frustrations and disappointments are likely; however, these should be considered opportunities for personal growth.
- Discuss guidelines pertaining to the duration of group therapy.

Another consideration in the formation of the counseling group is size: what should the size of the group be to get the best results? Yalom (2005) notes that his own experience and a consensus of the clinical literature implies that the

ideal size of an interactional therapy group is seven or eight members with an acceptable range of five to ten members. The lower limit of the group is determined by the fact that a critical mass is required for an aggregation of individuals to become an interacting group. When a group is reduced to four or three members, it often ceases to operate as a group; member interaction diminishes, and therapists often find themselves engaged in individual therapy within the group. The groups lack cohesiveness, and although attendance may be good, it is often due to a sense of obligation rather than a true alliance. Many of the advantages of a group, especially the opportunity to interact and analyze one's interaction with a large variety of individuals, are compromised as the group's size diminishes. Furthermore, smaller groups become passive, suffer from stunted development, and frequently develop a negative group image. (p. 292)

The upper limit of therapy groups is determined by sheer economic principles. As the group increases in size, less and less time is available for the working through of any individual's problems. (p. 292)

It is certainly appropriate to note that as group size increases, the intimacy and comfort that exist in small or modest-size groups may begin to diminish. The number of group members can also influence the difficulty of scheduling meetings and, hence, the number of and time between meetings. Larger groups often have a tendency to become less personal and more mechanical in their process. Larger groups also increase the risks that some members may be inadvertently overlooked to the extent that their needs are not satisfied.

At the other end of the size continuum, the very small group of only two or three members, despite the advantages of closeness and feelings of security, often suffers from a deficit in the human experiences, viewpoints, and valuable resources found in groups of five to eight.

Meeting time for groups in nonschool settings should be based on predetermined or mutually convenient times. In schools, however, Stockton and Toth (1993) note:

It is important to involve teachers in the group planning process (i.e., how many times, and when, will students be called out of class?). Some counselors have found it effective, at the middle or high school level, to schedule the group during different class periods each meeting time so as not to have a student miss the same class time over and over again. (p. 74)

GROUP LEADERSHIP

Few would dispute the oft-noted suggestion that leadership, while constantly sought after, is a very elusive and misunderstood phenomenon. The nature and quest for leadership at all levels and across all settings have been a continuing challenge to humankind. Historically, it would appear that leaders frequently emerge because of the wants and needs of the population they are seeking to serve.

Whereas different characteristics of leadership have asserted themselves in differing settings and situations, the following seem to apply generally to effective group leadership:

- The leader conducts himself or herself honestly, openly, and ethically at all times.
- The leader is open to and accepts the input of all group members, even those with whom the leader may disagree.
- The primary interest of the leader at all times is in the personal growth and well-being of all the group members.
- The leader models values and behaviors that can enhance the lives of the group members.

Helen Driver (1958), an early leader in the group counseling movement, identified leadership techniques for the group counselor:

1. Support: giving commendation; showing appreciation.
 2. Reflection: mirroring feelings.
 3. Clarification: making meanings clear, showing implications of an idea.
 4. Questioning: bringing out deeper feelings, inviting further response.
 5. Information: providing data for examination, serving as a resource person, teaching.
 6. Interpretation: explaining the significance of data, using analogy.
 7. Summary: asking for client summary first, pointing out progress, alternatives.
- (pp. 100–102)

Stockton (1980) reviewed the importance of training in four areas as preparation for group leadership responsibility:

- (1) didactic knowledge (e.g., potential group leaders should understand theories of group counseling, ethical principles, research); (2) individual clinical skills such as those involving assessment, interpreting nonverbal behaviors, ability to use self-disclosure, confrontation and other standard therapeutic tools; (3) knowledge of group dynamics, most particularly developing a keen sense of the importance of timing and knowing how to pace a variety of specific group leader techniques and interventions; and (4) achieving a healthy personality oneself. (p. 57)

Stockton and Morran (1982) surveyed the group leadership research and reported that the results are inconclusive: "There is very little research that provides clear evidence for a particular style of leadership as being most effective" (p. 48). A significant result from their survey is that leadership is multidimensional, which thus creates difficulty in controlling for unidimensional examination. Stockton and Morran also concluded that the Lieberman, Yalom, and Miles (1973) study of encounter groups comes closest to supporting a specific style of leadership. This study's results are summarized as follows:

The most effective encounter group leaders (a) were moderate in amount of emotional stimulation (emphasizing disclosure of feelings, challenging, confronting, etc.), (b) were high in caring (offering support, encouragement, protection, etc), (c) had meaning-attribution utilization (providing concepts for how to understand, clarifying, interpreting, etc), and (d) were moderate in expression of executive functions (setting rules, limits, norms, time management, etc.). (Stockton & Morran, 1982, pp. 70–71)

Corey & Corey (2002) identified personal characteristics of effective group leaders as including the following:

- Courage.
- Willingness to model.
- Presence.
- Goodwill and caring.
- Belief in group process.
- Openness.
- Becoming aware of your own culture.
- Nondefensiveness in coping with attacks.
- Personal power.
- Stamina.
- Willingness to seek new experiences.
- Self-awareness.
- Sense of humor.
- Inventiveness.
- Personal dedication and commitment.

An examination of these suggestions for group leadership indicates the group counselor's responsibility for the structure, conduct, and general overseeing of the group sessions. Note that conscientious group leaders do not become involved in group activities beyond their depth of professional preparation. Group counseling emphasizes factors of association rather than deep emotional disturbances. The counselor's psychological understanding and skill in group dynamics are individual considerations in the level of group counseling that he or she undertakes. For counseling groups that focus on specific and narrow concerns, such as family relations, human sexuality, or substance abuse, it is obviously desirable that the counselor leader have some special understanding of the topic. The group leader must also recognize the values of the group and determine how best to incorporate these into the process of the group. Additionally, the group process, when skillfully handled by the leader, gives the membership the opportunities to test out their beliefs in a relatively safe environment and also to learn from conflicting viewpoints. While not organized for the purpose, groups can also aid leaders in assisting the membership to improve their social interaction skills.

GROUP PROCESS

The elements of the group counseling process share much in common with those of individual counseling. These may be separated into their logical sequence of occurrence.

The Establishment of the Group

The initial group time is used to acquaint the new group membership with the format and processes of the group, to orient them to such practical considerations as frequency of meetings, duration of group, and length of group meeting time. Additionally, the beginning session is used to initiate relationships and open communications among the participants. The counselor also may use beginning sessions to answer questions that clarify the purpose and processes of the group. The establishment of the group is a time to further prepare members for meaningful group participation and to set a positive and promising group climate.

The group counselor must remember that in the initial group sessions the general climate of the group may be a mixture of uncertainty, anxiety, and awkwardness. It is not uncommon for group members to be unfamiliar with one another and uncertain regarding the process and expectancies of the group regardless of previous explanations or the establishing of ground rules.

It is important in this initial stage of group establishment for the leader to take sufficient time to ensure that all the groups' members have their questions and concerns addressed; that they understand the process and begin to feel comfortable in the group. Of course, the impression that the group counselor makes in this initial stage is of utmost importance to the smooth and successful process of the group.

Identification: Group Role and Goal

Once an appropriate climate has been established that at least facilitates a level of discussion, the group may then move toward a second, distinct stage: identification. In this stage, a group identity should unfold, the identification of individual roles should emerge, and group and individual goals should be established. These may all develop simultaneously or at different paces; however, they are significant at this stage of the group counseling process. It is also important to make the group counseling goals operational.

Most of us have few undirected, non-goal-oriented activities in our typical everyday plan of action. Those who work with groups frequently, whether in teaching or other capacities, can well predict the outcome if you were to appear before such a group with the question "How would you like to spend your time today?" At worst chaos would result, and at best considerable time would be lost before a determination could be made of how the group could best utilize the time available.

Goal setting is no less important in group counseling than in any other activity that seeks to be meaningful. The early identification of goals in group counseling will facilitate the group's movement toward a meaningful process and outcomes. Establishing these goals is the joint responsibility of the counselor and group members. Goals are most readily identified and implemented when they are specified in behavioral terms. It is important to make the group counseling goals operational from the outset. They should be stated in objectives that are not only measurable but are also attainable and observable and likely will be realized in

view of the group strategies planned. It is also important in this process that the subgoals of each individual group member be recognized and responded to in turn.

Counselors need to be aware of the probable, or at least possible, conflict and confrontation that may emerge during this stage of the group's development. Yalom (2005) labels this second phase "the conflict, dominance, rebellion stage." He considers it a time when

the group shifts from preoccupation with acceptance, approval, commitment to the group, definitions of accepted behavior, and the search for orientation, structure, and meaning, to a preoccupation with dominance, control, and power. The conflict characteristic of this phase is among members or between members and leader. Each member attempts to establish his or her preferred amount of initiative and power. Gradually a control hierarchy, a social pecking order, emerges. (p. 314)

In this second stage, often referred to as the confrontation stage, conflict and even open hostility often occur. As members attempt new patterns of behavior and new approaches to group goals, differing perceptions as well as differences in solutions generated by the individual members can lead to a range of behaviors from normal discussions to active and open confrontation. In this stage, the counselor must function to keep the discussions relevant and prevent them from becoming personal attacks on individuals' values and integrity.

The counselor should not misjudge silence as a sign of group compliance in this stage; rather, the counselor must be alert to the possibility that silence may signal resistance on the part of the group members. Not all groups will experience this stage in the same degree of intensity or conflict. In groups with younger clients, such as high school students, the perception of the counselor as an authority figure may inhibit expressions of conflict, doubt, or anger.

This second stage in the group process is frequently one in which group members express their dissatisfaction with the group process or leadership. Sometimes this results from differences between the way a group member sees himself or herself and the way the group has stereotyped the individual, which leads to the member's challenging the reactions or impressions of the rest of the group. Differences may also emerge when controversial issues are discussed or the issues are more complex than anticipated. Demands that group members change can also result in frustration and dissatisfaction. Also, premature termination from the group can have negative effects on the group.

When conflicts and confrontations do occur, a more cohesive group usually emerges, with resulting increased openness in communication, consensual group action and cooperation, and mutual support among the members. However, as stated, premature termination also can result in negative effects on the group. Initial work stages of the group require membership stability in order to develop therapeutic potential from group treatment, and loss of members makes this task more difficult (Stockton, Barr, & Klein, 1981).

Productivity

In the third stage of the group's development, a clear progression toward productivity is noted. As the group has achieved some degree of stability in its pattern of behaving, the productivity process can begin. Also, because the members are now more deeply committed to the group, they may be ready to reveal more of themselves and their problems.

This is the period of problem clarification and exploration, usually followed by an examination of possible solutions.

The emphasis of this stage is on recognizable progress toward the group's and individual members' goals. In this process, however, each group member is exploring and seeking an understanding of self, situation, and problem or concern, and each member develops a personal plan integrating these understandings. The three subphases of this stage may be (a) assessment, (b) understanding, and (c) planning. The group structure tends to be functional.

In group counseling, productivity frequently can be translated as successful problem solving. Group counseling thus often becomes a process seeking to promote change.

In this regard, the group counselor must (a) determine where the group is, (b) identify where the group wants to go and what it desires to accomplish, (c) identify the most promising process to help the group move from where it is to where it desires to go, and then (d) employ the selected processes to achieve the desired outcomes. Here again, it is important to have the agreement and, hence, the participation of all involved; then do it!

Although group strategies may be selected by the group for any or all of these phases, it is important that they make sense to each member in terms of that person's individual needs. The counselor may note that progress is being made when progress can be seen. Of course, progress is not always constant during this time, and occasionally regression, stagnation, or even confusion may occur. It is appropriate that when the group does not understand what it is doing, it should stop until understanding is achieved. Sometimes uncertainty occurs when members don't understand how they are to participate. Sometimes they may feel they have nothing to contribute.

On these occasions the counselor is alert to prevent process problems from handicapping progress and group achievement. Often, a simple reminder by the counselor of the stated goals or objectives of the group can prevent activities or discussions that tend to sidetrack members or the group as a whole from maintaining progress. However, because of the relationships and the group climate previously established, groups should overcome these difficulties and regain their productivity.

During this phase, the problem or concern should be clarified to everyone's satisfaction and ownership should be verified. This clarification includes a thorough understanding of the nature of the problem and its causes. Only when this has been achieved can resources for problem solutions be examined realistically. This phase may be successfully concluded when all possible solutions have been considered in terms of their consequences. These solutions should be practical or capable of being realized (obtainable), and the final choice of a solution should be made only after appropriate consideration and discussion. This is not the time for snap judgments and hurried commitments. At this point, the group members have examined themselves and the problem as it applies to them and have explored these considerations in considerable depth; have looked at possible solutions and their consequences; have determined the course of action that appears most appropriate; and are ready to move into the next stage, one in which they will try out or experiment with their chosen solution. In this process, by making their own decisions they have established their ownership of the problem and the chosen solution.

Realization

When members of the group recognize the inappropriateness of their past behaviors and begin to try out their selected solutions or new behaviors to implement their decisions in practice, they are making progress toward realizing their individual goals. At this time, the

individual members have taken the responsibility of acting on their own decisions. The counselor encourages the sharing of individual experiences and goal achievement both inside and outside the group. Although general success with the new behaviors may provide sufficient reinforcement for many members to continue, for others a support base of significant others outside the group should now be developed to help them maintain the change once the counseling group is terminated. In school settings, for example, counselors might consult with parents and teachers to implement this strategy.

Termination

Most of us have experienced occasions of regret and even sorrow when temporary groups to which we have belonged reach the breakup point. Regardless of the purpose for which the group is organized, we may try to prolong its eventual dissolution by promising get-togethers, planning social activities, and in general agreeing that “This has been too much fun to let it end.” On many such occasions, casual strangers have become the best of friends in relatively short periods of time, and they resist at least psychologically the threatened termination of the relationship.

For these same reasons, members may resist the termination of a counseling group. The very nature of counseling groups—with their emphasis on interpersonal relationships, open communication, trust, and support—promises the development of a group that the membership may want to continue indefinitely. It is therefore important from the very beginning that the group counselor emphasize the temporary nature of the group and establish, if appropriate, specific time limitations. The counselor also reminds the group, as the time approaches, of the impending termination. This does not mean that the counselor alone is responsible for determining the termination point of a group. Although the counselor may, of course, assume this responsibility, termination may also be determined by the group members or by the group members and the counselor together.

Termination, like all other phases or stages of the group counseling experience, also requires skill and planning by the counselor. Termination is obviously most appropriate when the group goals and the goals of the individual members have been achieved and new behaviors or learnings have been put into practice in everyday life outside the group. The group will also be ready to terminate when, in a positive sense, it has ceased to serve a meaningful purpose for the members. Under less favorable circumstances, groups may be terminated when their continuation promises to be nonproductive or harmful, or when group progress is slow and long-term continuation might create overdependency on the group by its members.

Members may be terminated from a group at any time during the group’s existence. Members who are disruptive seriously handicap the other members. Such members may be more effectively assisted through individual counseling. Those who personally desire to terminate are often candidates for individual counseling. Group counselors should be aware that this is a common happening, especially in the beginning stages of a group, when several members may voluntarily terminate. The counselor should accept these departures as a matter of course and refrain from exerting pressure on such persons to remain in the group. At the same time, however, the counselor may indicate a willingness to see on an individual basis those leaving the group.

The point of termination is a time for review and summary by both counselor and clients. Some groups will need time to allow members to work through their feelings about

termination. Even though strong ties may have developed along with pressures from the group to extend the termination time, those pressures must be resisted, and the group must be firmly, though gently, moved toward the inevitable termination.

GROUP GUIDANCE ACTIVITIES

In a broad, general context, group guidance is probably as old as formal schooling. Good teachers through the years have used groups for what today would be called “pupil guidance purposes.” In schools, group guidance activities have been designed to provide information to students in groups or experiences beyond those associated with the day-to-day learning activities in classrooms. In nonschool settings, group activities have been planned to provide information, help in skill building, opportunities for personal growth and development, orientation, and assistance in decision making.

Values

Over the years certain values have been attributed to group activities of a guidance nature. Some of these are discussed in the following sections.

Facilitating Personal Development

Certain experiences that lead to personal development can take place only in the group setting. These include the opportunity to learn and play certain roles, such as group leader, group follower, or member; the development of patterns of cooperation with others; and the learning of group communication skills.

Stimulation of Learning and Understanding

In group settings people can be given opportunities to learn more about themselves and their relations with others and to understand these better. They can also acquire information about the external world. In this context, group guidance activities are important in providing learning and understanding relevant to career and educational decision making and personal–social adjustments. Care must be taken in how the information is presented and perceived. Clients must feel that the information is important to them if they are to assimilate it.

Advantages of Group Interaction

By actively participating in groups organized for guidance purposes, members have the opportunity to broaden their scope of understanding regarding the subject or purpose for which the group is organized. Additionally, participants should grow in their understanding of group interactions and dynamics as well as understanding their own behavior in groups.

Economy

Groups should not be organized for guidance purposes solely on the basis of economy. However, when effectiveness of outcome is not lessened, the saving of both counselor and client time through the use of groups can be of considerable value.

Organizing Group Guidance Activities

All of us have been participants in some type of group activity, social or otherwise, that has been organized on the spur of the moment. Occasionally these unanticipated activities have been enjoyable or worthwhile, but probably more often they have resulted in confusion, uncertainty, perhaps even frustration, and have been considered a waste of time. The popularity of group activities has, in some instances, led to their being scheduled without appropriate preparation, but that is not and should not be the pattern. If group guidance activities are to achieve their potential, a great deal of consideration and organization must go into their planning, conduct, and evaluation. Although the organization process is very similar to group counseling, discussed previously in this chapter, the differences, though often subtle, should be noted and the similarities should be reemphasized. The following guidelines may be helpful.

Determining that There Is a Need for Group Guidance

All too often group guidance activities are simply scheduled. On occasion, the scheduled activities may be a response to an actual need. If we are to ensure the group's success, however, we must determine beforehand that the group shares a need in common and that a group guidance response is appropriate. Questionnaires, problem surveys, or checklists administered to specific populations often will provide a factual basis for determining possible group guidance activities.

Determining that Group Guidance Is the Most Appropriate or Effective Response

Once needs have been determined, the counseling staff must identify those for which a group guidance activity would be appropriate, in contrast to group counseling or individual counseling, or perhaps even some form of instruction. Group guidance activities are those that may be useful to nearly everyone in a specific population or setting; hence, the total group would experience the activity. Examples might be a stress management program for employees in an industrial setting, a behavior workshop for public relations workers, or a career day for high school students.

Small group guidance activities, in broad general terms, are designed for specific outcomes and cater to the needs of smaller subgroups within the total population served by the school or agency counseling and guidance program. These activities may focus on providing information for decision making and planning purposes, activities for personal development purposes, and assistance for educational adjustments. Small group guidance activities can emphasize smaller components or follow-up activities for the larger college, career, or orientation programs. Other specific examples are guidance groups organized to develop job-seeking and interviewing skills, how-to-study techniques, assertiveness training, career education, values clarification activities, discussion groups, and experiences in nonverbal communication.

Determining the Characteristics of the Group

Once the nature of the group guidance activity has been established, certain group characteristics must be determined. Obviously, size of the group must be one consideration. Here, the counselor must determine what size group will be most appropriate for the activities planned and outcomes anticipated. Size will also have an influence on the operational

format of the group. Format planning includes determining the types of activities of the group, the length of time allotted for each group session, the number of sessions, and the setting.

A final consideration affecting the group characteristics is the role of the counselor. Will the counselor be an active participant or an inactive observer who remains in the background once the group's activities are underway? Will the counselor direct the group? Will the counselor be a group arbitrator? What information will the leader provide the group? Will roles be assigned or will roles evolve as the group progresses?

Establishing the Group

While the process of selecting members of the group is discussed previously in this chapter, we now note that the characteristics of the group should be identified so that members may be selected or volunteer or invited to participate. Once the characteristics of the group have been determined, members may be selected. They may volunteer, or they may be invited to participate. Invitation implies that the person may refuse to participate. In establishing the membership of the group, the leader must verify that the planned activity will respond to the needs of the individual member and that the structure or operational format will be comfortable for the group member. In large groups, such as those organized for orientation purposes, career needs, or other special information purposes, this is not necessarily essential, but for smaller, intimate groups, it is an important consideration.

Monitoring the Ongoing Activities

Once the group has been established and the members oriented to its purpose and processes, the counselor or facilitator assumes the responsibility for keeping the group on track. It is relatively easy, especially considering the participants' lack of experience and understanding of the group process, to deviate from the purposes of the group, become bogged down in irrelevant discussions and activities, or encounter personal factors that inhibit or impede the functioning of the group. The counselor must, therefore, be constantly on the alert to detect such symptoms and to use his or her skills to minimize these effects. The ongoing activities of the group are meaningful only as long as they promote the progress of the group and its members toward their goals.

Evaluating Outcomes

The importance of evaluation in assessing the outcomes of groups cannot be overemphasized, and evaluation and the accountability process are discussed in greater detail in Chapter 11. The goals or projected outcomes of the group must be stated in clear, objective, and measurable terms. The criteria for measuring goal achievement must be identified and stated and data then collected that, when analyzed, will present an objective evaluation of outcomes. Such evaluations can assist counselors and others involved to determine which group guidance activities are most effective and which techniques within groups are most and least effective. Implications for group membership, roles, and leadership may also result.

Classroom Guidance Activities

Classroom guidance is a planned process for helping school populations in acquiring useful and needed information, skills, or experiences. The classroom has been found the most

effective setting for carrying out such programs, and the guidance program generally does not detract from and, in fact, may even enhance the regular ongoing curricular offerings.

Classroom guidance activities are characterized by (a) being developmental, (b) being ongoing, and (c) having counselors as instructors (but they may be planned with faculty assistance). The substance of the instruction is based on specific needs of the population for whom the program is designed. Those needs provide the rationale for the program and in turn are translated into program goals. Program procedures (including timetables), feedback, and evaluation planning are developed in the next step. School counselors will have responsibility for developing a communication plan for orienting all interested parties to their roles and functions. They will also be responsible for identifying the topics needing attention, gathering resource materials, and preparing handouts.

School counselors will have responsibility for developing a communications plan to inform interested parties of the counseling program's goals and the activities related to the achievement of those goals. For example, obviously students should be aware of the services provided for them and the activities related to these services. Likewise, parents should be informed and, additionally, encouraged to participate in and support program activities where appropriate. Faculty and school administrators need information regarding all major activities within the school, including those of the counseling program. The counseling program will be enhanced by teacher and administrator participation and support. School counselors will also be responsible for identifying the topics that need attention, gathering resource materials, and preparing handouts.

Programs of classroom guidance help ally school counselors with the teaching faculty by bringing the counselor into the individual teacher's classroom on a regular basis. This activity not only enriches the instruction of the classroom teacher but also enhances the counseling program of the school. Classroom guidance provides additional opportunities for student-counselor interactions in natural settings in which counselors can identify and react to student needs.

Values Development Activities for Groups

When we say that we believe in free speech, freedom of the press, equal rights for women, and access to education for all, we are, in effect, expressing values. Those values might appropriately reflect the consensual values of our society. Each society is characterized by well-defined, articulated values that are passed on to and practiced by the members of the society. On the other hand, when we extol the pleasures of travel abroad, the virtues of exercise and careful diets, and the inspiration of a specific religious faith, we may, in effect, be expressing our personal values. Thus, values also represent what a person considers important in life, and these ideas of what is good or worthwhile are acquired through the modeling of the society and the personal experiences of the individual.

A discussion of values is basically a discussion of what people believe in, what they stand for, and what is important to them in life. In recent years we have seen a dramatic increase in public and political attention to "values" in relationship to violence and other crimes, political and corporate scandals, the decline in morality, and disrespect for laws and rights. There has also been much discussion regarding who is responsible for imparting desirable values.

We do know that values are the reasons people behave and even think the way they do. They motivate us to plan and act and serve as a standard for judging the worth of activities,

achievements, things, and places. In short, values give direction to life and, hence, behavior. On the other hand, people who do not know what they value often engage in meaningless, nonproductive, and usually frustrating behavior. In both individual and group counseling, understanding the client's values can help the counselor understand the client's behavior, goals or lack of goals, and what is or has been of significance in the client's life.

Values Defined

Values increasingly have become a topic of frequent discussion and concern in recent years. Government leaders, magazine and newspaper editors, leading educators, and countless concerned citizens have suggested that as a nation we are on the verge of moral bankruptcy. They cite financial scandals, political abuses, Medicare fraud, misleading advertising, child molestation, drug peddling, and more, evidencing a loss of values. One result has been a call to reestablish our traditional national values, with school populations being especially targeted. The resulting proliferation of values clarification techniques and the increasing examination of values education in the school curriculum, as with any popular movement, have clouded traditional definitions and brought forth complex explanations of what is meant by values. We do not propose to add to this confusion but rather to present several of the more prominent definitions appropriate to those engaged in counseling.

First, the dictionary defines *values* as ideals, customs, and institutions that arouse an emotional response for or against them in a given society or a given person; we think this is a simple, straightforward, and acceptable definition. Another equally clear definition is that values represent the comparative worth we attach to anything (behaviors, people, material goods, experiences, environments). Values may be generated and reflected in individuals, organizations, institutions, and societies.

In developing their own value systems, children are constantly examining, testing, and acquiring values based on their experiences and learning. In these early and formative years, the developing child and adolescent are also influenced by the impact of significant others, the impact of socializing institutions such as schools, the perceived values of the cultures in which they are immersed, and the influence of groups with which they associate or in which they hold membership.

It is in this last instance, groups, that counselors, as group experts, have a role to play in both school and nonschool settings. Values and counseling have always been intertwined, have always complemented each other.

VALUES AND COUNSELING

Historic Concerns

Rockwell and Rothney (1961) indicate that from the very beginning of the counseling and guidance movement in the United States, leaders have expressed concern with values. The "father" of this movement, Frank Parsons, has been described as a utopian social reformer, believing in the perfectibility of humanity. He viewed guidance as a means to a mutualistic society and the counselor's role as one that would lead to social goals by offering prescriptive advice. Jessie Davis preached the moral values of hard work, ambition, honesty, and the development of good character as assets in the business world.

Later, Carl Rogers stated his beliefs in the goodness and worthwhileness of people and their abilities to chart their own destiny. C. Gilbert Wrenn, in *The Counselor in a Changing World* (1962) and *The World of the Contemporary Counselor* (1973), discussed the values of the counselor and his or her clients. In *The Counselor in a Changing World*, he wrote:

It has become increasingly clear that the counselor cannot and does not remain neutral in the face of the student's value conflicts. Even the counselors who believe most strongly in letting the student work out his own solutions have firm values of their own and cannot help communicating them. They communicate their values in what they do and don't do even if they never mention their beliefs verbally. Furthermore, we expect more and more of the counselor with reference to the needs of society. Just to accept the need for the full development of abilities in the interest of a stronger nation as well as the interest of the individual is a manifest expression of a social value. Because the counselor cannot escape dealing with values and expressing values in his own behavior, he must be clear about the nature of his own values and how they influence his relationships with other people.

A second developing conviction about values is that they are now seen by some psychologists as the central difficulty for many troubled people. Fifty years ago values were clearly defined, and acute maladjustment seemed to result from a willful violation of them. Psychological treatment consisted primarily of freeing the individual from an overwhelming sense of guilt over his transgression against his parents and other representatives of society. But today the picture seems almost the reverse of what it was. The maladjusted person feels himself more lost than guilty. Social expectations have become more diverse, less well defined, less insistent. The social processes of inculcating strong values are less effective today, in part because family and community are less cohesive.

As a consequence the individual feels a lack of purpose and direction. He feels less estranged from others and even from himself; he feels worthless and unsure of his identity. He must discover character in himself for himself. Values strongly felt are the foundation upon which he can build an increasingly satisfying personal existence. Thus, clarifying values and perhaps acquiring new values becomes a major task for the individual in counseling, as in education generally. (pp. 62–63)

In the later publication *The World of the Contemporary Counselor*, Wrenn discusses the counselor's and client's values:

The Counselor's Values

A first concern is that the counselor examine his own hierarchy of values and check it against the contemporary scene. I do not suggest that the counselor must change his values to meet changing assumptions, but rather that he attempt to increase his openness to the intrusions of change. A feeling of great certainty that what he now thinks is right and is right for all time can become a simple rigidity. It is too easy to retreat into a secure castle of one's own construction and close the gates to all that might disturb. It is healthy to be disturbed, for this means that one is required to think, to test assumptions, to question thoughtfully the bases for conduct. It is more realistic to confess confusion than to parade conviction.

On the other hand, admitting confusion could be interpreted as justifying having no convictions, no assurances of vital values. I must anticipate at this point what I want to discuss more carefully later, that one can be committed to values and goals even though they are tentative. In fact, one must be committed to be real, but the commitment may be to values which

are seen as subject to modification, as changing with experience. “Tentativeness and commitment” paralleling each other are powerful principles.

The Client’s Values

The second area of concern is the acceptance of the client’s right to be different in his values. This difference between the values of the client and those of the counselor is often a difference between generations or between cultures. Always, of course, the values of the client are the product of his life experience, unique to him and often markedly different from the experience of the counselor. The 30-year-old, middle-class, socially accepted, college-educated counselor cannot be expected to understand in all cases the values of a 16-year-old, ghetto-reared, socially rejected boy or girl or those of an affluent, socially amoral, parentally rejected youth. In fact, experiential understanding of another is rare. What is most important, however, is that the counselor accept the client’s values as being as real and as “right” for him as the counselor’s values are for the counselor. There is too frequently a tendency to protest inwardly, “He can’t really meant that,” when the value expressed by the client is in sharp contrast to a related value held by the counselor. The point is that the client does mean that; his value assumption is as justifiable to him as yours is to you.

So far I have said nothing about the counselor’s responsibility for helping the client to examine a given value assumption, particularly if the value is likely to result in behavior harmful to another or to society. He has such a responsibility, I am sure, differing widely from client to client and varying often with the client’s psychological readiness to examine values. Basic to the success of any such confrontation, however, is the counselor’s acceptance of the “right” of the client to have different values. If a counselor enters into a discussion of another’s point of view with the implicit assumption that he is “right” and the other is “wrong,” failure is assured. (pp. 34–35)

Counselors using values clarification techniques must be aware of the criticism that this frequently arouses, especially from religious groups. Critics of values clarification techniques suggest that they encourage the permissiveness associated with secular humanism and, further, that they detract from the role of the home and church in teaching values.

Values Theory and Process

In the development of values theory, no individual has made a greater contribution than has Lawrence Kohlberg. His research was significant in formulating a theoretical viewpoint on moral (or values) development. Kohlberg’s early conclusions were that children go through six stages of moral development as follows:

1. Heteronomous morality—Obeying the rules to avoid punishment.
2. Individualism, instrumental—purpose and change—Following rules when it is in one’s best interest. Serving one’s own interests.
3. Mutual interpersonal expectations, relationships and interpersonal conformity—Living up to what is expected of you by others. Being a good person in your own eyes.
4. Social system and conscience—Fulfilling duties, contributing to the group and society. Satisfying your conscience.
5. Social contract or utility and individual rights—Obligation to the law—commitment to family, friends, work.
6. Universal ethical principles—Follows universal principles of morality. (McCandless and Coop, 1979, pp. 163–164)

Kohlberg believed that the individual's development could become fixed at any one of the six stages. He

proposed a moral education program centered around discussions of real and hypothetical dilemmas. The ultimate goal of the program was the moral maturity of the student with moral maturity being defined as "the principled sense of justice." Realizing there might be a disparity between the values the schools said they wished to foster and those they exemplified in their hidden curriculum, he insisted that the hidden curriculum be made "explicit in intellectual and verbal discussions of justice and morality." (Pyszkowski, 1986, p. 22)

A major hypothesis of group values activities that has significant implications for counselors utilizing these techniques suggests that the skillful and consistent use of the valuing process by an individual increases the likelihood that the individual will make appropriate decisions that will be satisfying both to him or her and to society.

Having broadly viewed values and their impact on behavior, noted a basis for values theory, and described similarities between the valuing and counseling processes, let us examine further some of the relationships between values and counseling.

Values development techniques appear to emphasize group participation—and although this is true, it does not necessarily limit their utilization or inclusion in individual counseling. Many of the techniques can be completed by an individual client and then shared and examined within the framework of the counseling process. Such exercises (some of which are included at the end of this chapter) as drawing a hobby plaque, listing 20 things you like to do, selecting from alternatives, and discussing situational anecdotes are examples of activities that can be satisfactorily completed by the client, then discussed and examined with the counselor. They may in turn help the client confirm and practice more appropriate and satisfying behavior.

In the latter decades of the 20th century, the role of values in life choices by individuals, became increasingly recognized. As a result, values education courses and workshops also became increasingly popular. Research into values and their impact on life's decisions were also stimulated during this period of time.

Because values education or clarification techniques are popularly practiced in groups, their potential for group counseling and guidance is considerable. For example, numerous values clarification techniques designed to promote getting acquainted and developing interpersonal relationship and communication skills would have their appropriate moments in group counseling and guidance. Group values exercises designed to facilitate self-assessment, self-concept clarification, and reinforcement for change would have their usefulness for the group counselor. Exercises that give a person the opportunity to compare, examine, and defend his or her behavior, values, and interests against the norms of others can also be useful in group counseling.

MULTICULTURAL ISSUES AND GROUPS

We live in a multicultural society. We interact on a daily basis in many multicultural group settings. Therefore, it would appear that group counseling for multicultural populations should be natural and not forced and should be organized with sensitivity to the various cultures represented. Group counselors must also understand their own cultural background

and values. Group counselors should not, under any circumstances, impose multicultural clients to participate in groups.

Counseling or guidance groups can provide counselors with both challenges and opportunities for promoting multicultural awareness and sensitivity to their group clients. This assumption is based on recognizing (a) the opportunities groups provide for promoting positive multicultural relationships and (b) the opportunities for counselors themselves to model and be perceived as individuals who are aware, sensitive, and attend to a diversity of populations approaching them in an appropriate manner. Coleaders of groups in which one leader is from a cultural minority can be helpful. Here again, as in individual counseling with multicultural clients, every counselor must be aware of his or her own cultural background and how it influences his or her perceptions and behaviors. Counselors, whatever their background, must conscientiously prepare themselves to work with the wide range of culturally diverse groups that populate the United States. Whatever their professional position, counselors must be prepared and ready, even assertive, to step forward to assist their communities in overcoming the misunderstandings, biases, and insensitivity that threaten the fabric of community life and our national well-being.

TECHNOLOGY AND GROUPS

In conclusion, we note that technological advances of recent generations have provided potential opportunities for the practice of group counseling. For example, the Internet provides opportunities for disseminating information about the purpose and qualifications for counseling groups. The Internet also provides opportunities for self-screening by potentially interested participants.

SUMMARY

Today's society is group oriented, and each person belongs to many groups. These groups serve a variety of purposes, and in them one plays a variety of roles. Because of this group orientation, group counseling and guidance have become increasingly recognized as a means of assisting individuals in meeting their adjustment and developmental needs in both school and non-school settings. These group activities are distinguished by the nature of their concern and the type of group experience provided. Group guidance activities are confined primarily to school settings with an emphasis on providing information or experiences helpful in decision making. Group counseling tends to focus on routine adjustments and developmental needs or problems of individuals, whereas group therapy provides an intense experience that may last for a considerable length of time for individuals with serious adjustment, emotional, or

developmental needs. The counselor's role and leadership are important to the success and accomplishment of both guidance and counseling groups. The group counselor must also be skillful and aware of the steps through which the group process moves. This process begins with the selection of members and the initial establishment of the group as a group, the identification of group goals, the clarification and exploration of the group's and its individual members' problems and/or concerns, the exploration of solutions and consequences, decision making regarding solutions, implementation of the decision, and, termination and evaluation.

In recent years much media attention has been given to the values of youths, the shifting values of the adult world, and the significance of personal values for satisfaction in the world of work. Values have also become increasingly important to professional counselors. Group values activities can provide a helpful and nonthreatening approach for assisting clients in groups and appraising

individuals. In a planned program of values development, the individual initially engages in exercises designed to identify his or her values, then shares them; next, he or she examines, confirms, and practices values. Varied group exercises are available for counselors to use.

Of course, for group or individual counseling to be maximally effective, the counselor should know the client as well as possible. Assessment techniques that counselors may use to learn about clients are discussed in Chapter 7.

DISCUSSION QUESTIONS

1. In how many different groups do you actively participate during a typical day? How do your role and function differ across groups?
2. What are the differences among group counseling, group guidance, and group therapy?
3. What are some typical guidance needs of school-age youth that can be dealt with effectively in groups?
4. Identify counseling situations in which you believe group counseling might be more effective than individual counseling.
5. Can individuals with differing personality traits be equally effective as group leaders?
6. Discuss differences in the values generally held by three different client populations: adolescents; working, middle-age adults; and older Americans approaching retirement.
7. Discuss the characteristics of a facilitative group leader.
8. Is it possible to organize and counsel an Internet group? Defend your answer.
9. What are the differences and similarities between effective group counselors and effective classroom teachers?
3. Organize into small groups. As a group, identify a growth or learning activity and proceed to accomplish the goal of the group (insofar as time will permit). Then analyze the dynamics and varying roles of the members in your group.
4. Organize small groups. Assume you are being exiled to an island for 1 week. Transportation to the island will be furnished by a rowboat. In addition to normal clothing for mild but rainy fall weather, each member of the group may bring six items (not to exceed 20 pounds) for the group's survival. These items should include the necessary foodstuffs and liquids for the group's nourishment during the period of internment. After the exercise ends and is reported to the class, reconvene as a group to analyze the dynamics of the group experience, noting the various roles played by members of the group.
5. Organize into small groups. Design a meaningful group activity and demonstrate it. (You may use another classroom group for the demonstration if this would be helpful.)
6. Observe the dynamics of a group outside this class and report your observations.

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CLASS ACTIVITIES

1. In small groups, plan a workshop for industrial plant supervisors to improve their human relationships skills with their employee groups.
2. In small groups (5-6), read and report on a group activity you observed and share with other group members your conclusions and implications.

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6

Multicultural Counseling

The United States has always been known as a country of considerable population diversity, with many cultures contributing to its greatness. Over the past 40 years, increasing attention has been given to the uniqueness and rights of these minority cultures. The civil and equal rights movements and attending legislation focused attention on racial as well as gender inequalities in the last quarter of the 20th century. Additionally, projected growth in numbers and percentages of America's minority populations in the decades immediately ahead increases the urgency for developing positive helping relationships among all our cultures. This heightened national attention has also been reflected in the counseling profession, in which a noticeable increase in attention to the needs and issues of multicultural counseling has occurred over the past 30 years.

Today, regardless of the setting, counselors must understand that they are functioning in a global village. We must realize that we mean a variety of peoples and not just minorities when we talk about culture. These heterogeneous societies have their own cultures that guide their behaviors, events, and expectations. In this context, counseling as a human relationship and helping profession must become a significant and positive national influence, and in our specialty area of individual counseling we must demonstrate consistently and conclusively that we are truly multiculturally oriented in both theory and practice, that we are effective as multicultural counselors.

Additionally, counselors must be actively involved in fighting cultural prejudice and discrimination, especially during children's early school years. Counselors in the elementary school face the tremendous challenge of preventing children from developing attitudes of prejudice and discrimination that could last throughout their lives. By the time children enter elementary school, they have already identified with a racial group and have begun accepting the attitudes of that group. In this regard, both parents and peers are influential. If any of the attitudes the children have learned encourage prejudice, elementary school counseling programs will need to develop activities to counteract this bias. These could include human relations skills training, cultural awareness, and cross-cultural and multicultural encounters and training. Group counseling can be especially helpful. Parents must become aware of how their actions and attitudes can adversely influence their children. (Multicultural parental groups may also be helpful.) It is extremely important that not only the school counselors but also *all* the teaching faculty be aware of the importance of demonstrating at *all* times good and appropriate relationships with *all* populations. The failure of the elementary school to counteract prejudice and discrimination can help perpetuate the myth of minorities as less capable.

Counselors and educators at every level must ask themselves why higher percentages of minority youth are dropping out of school; failing to achieve academically; involved in crime, drugs, and violence; and failing to go on to college. Leaders in business and industry and counselors in employee assistance programs (EAPs) may note that although increasing numbers of minorities and women are in administrative positions, the top-level executive and decision-making positions are overwhelmingly populated by white males.

Attention to these needs is mandated by all the major associations that accredit the preparation of counselors (Council for the Accreditation of Counseling and Related Programs, Council on Rehabilitation Education, American Psychological Association, National Council for the Accreditation of Teacher Education, and all the regional accreditation associations). Attending to these needs is also required by major associations that accredit all levels of education.

ETHNIC GROUPS AND MULTICULTURAL COUNSELING

In multicultural counseling, the desired outcomes must not be impeded by cultural differences between counselor and client. How the counselor arrives at this higher level of functioning and factors that must be considered are discussed next in this chapter.

Certainly, our often stated philosophical assumptions of the inherent worth and dignity of the individual, respect for the individual's uniqueness, the right of the individual to self-actualization, and so forth indicate our commitment to effective counseling with all clients, regardless of cultural, ethnic, religious, or socioeconomic background. However, as important as commitment must be, counselors must move beyond commitment to an active pursuit of an appropriate theoretical foundation and effective practices if they are to succeed in counseling a multicultural clientele. In our pursuit of positive and meaningful multicultural counseling and guidance, we must constantly be aware that the term *multi* means "many" and that we are sensitizing ourselves to the uniqueness of the many different cultures and backgrounds that comprise our population. In so doing, we recognize that many of the traditional characteristics of the mainstream counseling process (e.g., openness, emotional expression, sharing of intimate feelings) may actually inhibit effectiveness with clients of some cultures. It is critically important that multicultural clients feel that you are aware and sensitive to their uniqueness.

Ridley (2005) has observed that multicultural clients are more likely than White clients to have unfavorable experiences in many aspects of counseling, including the following:

- **Diagnosis.** Minority clients tend to be misdiagnosed more often than White clients. Their misdiagnoses usually involve more severe psychopathology than their symptoms warrant, but they occasionally involve less severe psychopathology.
- **Staff assignment.** Minority clients tend to be assigned to junior professionals, paraprofessionals, or nonprofessionals for counseling rather than to senior and more highly trained professionals.
- **Treatment modality.** Minority clients tend to receive low-cost, less preferred treatment consisting of minimal contact, medication only, or custodial care rather than intensive psychotherapy.

- **Utilization.** Minority clients tend to be represented disproportionately in mental health facilities. Specifically, minority clients are underrepresented in private treatment facilities and overrepresented in public treatment facilities.
- **Treatment duration.** Minority clients show a much higher rate of premature termination and dropout from therapy, or they are confined to inpatient care for much longer periods than are White clients.
- **Attitudes.** Minority clients report more dissatisfaction and unfavorable impressions regarding treatment than do White clients. (p. 11)

Counseling professionals need to remember that language differences may exist between them and their clients. Although multiculturalism has in recent generations been increasingly recognized as a powerful force in the fabric of human relationships in the United States, we must not let that obscure the absolute necessity for counselors to understand both their own cultures and those of their clients.

As noted, it is especially important that counselors in schools be sensitive to the differing cultures there. This not only increases counselors' professional effectiveness and makes them more acceptable and approachable to all students, but it also enables them to serve as adults modeling appropriate behaviors and attitudes toward all ethnic and cultural groups. *Above all, counselors must avoid stereotyping.*

School counselors must pay particular attention to the problems and needs of minority children and adolescents. It is especially important during the developmental years that children be assisted in recognizing and understanding in a very positive way the differences that distinguish their cultures.

Counselors who work with children have an added responsibility because children cannot control the environment. The understanding or lack of understanding demonstrated by others about cultural differences can influence the core of children's developing personalities. Children are in the early stages of cultural awareness and may not recognize that their experiences differ from the experiences of others (Anderson & Cranston-Gingras, 1991, p. 91) and that forms of discrimination may exist.

Children may internalize the beliefs of the majority about their own cultural group. One of the goals of culturally aware counselors is to foster the child's environment so that the emphasis is on the child's uniqueness and not on conformity with the norm" (Anderson & Cranston-Gingras, 1991, p. 91). Children can be assisted in valuing their uniqueness while at the same time recognizing and accepting the norms of others in their peer group.

To stay abreast of multicultural issues and practices in counseling, counselors should be aware of the Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA). This organization publishes a journal of the same name as well as a newsletter, both of which should be on the reading list of informed counselors.

An important way to improve multicultural counseling is to increase the number and ratio of counselors from culturally different or minority backgrounds in our elementary schools. Not only should minority children have access to counselors of similar ethnicity, but all children should have exposure to role models representing the great cultural diversity of the United States. In some smaller schools and systems, this may mean having "floating" counselors who visit each school on a regular periodic basis, not only for cultural

orientation but also to demonstrate, for example, that an Asian American counselor can relate to and work effectively with *all* students.

The United States is no longer considered a melting pot of many cultures, one in which emphasis is placed on all cultures becoming the same as the majority culture. Rather, the concept of cultural pluralism has been adopted, with the focus on retaining and valuing the diverse aspects of every culture that constitutes the nation. In this regard, counselors can advocate the preservation of cultural diversity and model the respect and acceptance that all minorities deserve.

In schools, counselors can ensure that minorities are included in group activities and that classroom guidance activities are utilized to educate the school population about cultural diversity. Counselors must always be mindful that diversity exists within every cultural-racial population. No exact profiles define any minority group. The only rubric is that individual differences exist in all populations (Gibson, Mitchell, & Basile, 1993, p. 121).

In further understanding cultures and their impact on clients, several key points may be noted:

- Culture involves communication in patterns that are recognizable.
- It is important for counselors to understand how language is used in a specific culture. This also influences interpretation of observations and experiences.
- Understanding one's own culture is enhanced by comparing it to other cultures.
- Culture involves all facets of human life and becomes a means by which groups impose order and meaning on their life experiences.

Minority, as a label, implies less than full-time or majority membership in a society. It is important that counselors convey through their attitudes and actions that minority populations are full, equal members of society. Because understanding alone will not accomplish the task, counselors must educate themselves about different ethnic peoples. The counselor must learn to communicate both verbally and nonverbally in a manner and style that are recognizable and comfortable for the client. The counselor must convey his or her own attitude of acceptance and respect for the ethnic client, and the counselor must genuinely feel this respect if he or she is to convey it successfully. To counsel minority clients successfully, counselors must be able, as in all counseling contacts, to place themselves within the client's frame of reference. This, of course, includes understanding the cultural background and characteristics of the minority client.

In working with minority clients, counselors must understand that many of these clients will have initial anxiety, prejudice, or lack of trust due to cultural differences that exist between counselor and client. It is, therefore, important from the initial interview that counselors be respectful of the cultural traditions and background of the client, recognize the possibility of different value systems, and strive to communicate in a way that is understood and accepted by the client.

African Americans

African Americans in the United States have been subject historically to racism, prejudice, and discrimination. Although legislative, educational, and humanitarian efforts have been and are being made to overcome these abusive elements, programs have been slow to develop and certainly have met with some resistance. Disturbing data even today indicate

the high percentage of Black youths in the criminal justice system; high numbers of Blacks unemployed and underemployed, and lack of adequate Black representation in higher education (both as students and faculty), the professions, and supervisory and management positions. The counseling profession cannot address these inequities alone, but this does not excuse us from being proactive as a profession in attempting to right these social wrongs. As individuals, we must prepare ourselves to be effective in working with our African American clients.

In Chapters 4 and 5, we discussed the importance of getting off to a good start in the counseling relationship, and this includes integrating an appropriate multicultural dimension when assisting African American clients. Sue and Sue (2003) have offered some suggestions about counseling with African Americans. These include:

1. During the first session, it may be beneficial to bring up the reaction of the client to a counselor of a different ethnic background. (Although African Americans show a same-race preference, being culturally competent has been shown to be even more important.) A statement such as "Sometimes clients feel uncomfortable working with a counselor of a different race; would this be a problem for you?" Or a variant can be used.
2. If the clients are referred, determine their feelings about counseling and how it can be made useful for them. Explain your relationship with the referring agency and the limits of confidentiality.
3. Identify the expectations and worldviews of the African American clients, find out what they believe counseling is, and explore their feelings about counseling. Determine how they view the problem and the possible solutions.
4. Establish an egalitarian relationship. In contrast to other ethnic groups, most African Americans tend to establish a personal commonality with the counselor. This may be accomplished by self-disclosure. If the client appears hostile or aloof, discussing some noncounseling topics may be useful.
5. Determine whether and how the client has responded to discrimination and racism both in unhealthy and healthy ways. Also examine issues around racial identity (many clients at the preencounter stage will not believe that race is an important factor). For some, the identification with Afrocentricity may be important in establishing a positive self-identity. In these cases, elements of African/African American culture should be incorporated in counseling. This can be achieved through readings, movies, music, and discussions of African American mentors.
6. Assess the positive assets of the client, such as family (including relatives and nonrelated friends), community resources, and the church.
7. Determine the external factors that might be related to the presenting problem. This may involve contact with outside agencies for financial and housing assistance. Do not dismiss issues of racism as "just an excuse"; instead, help the client identify alternative means of dealing with the problems.
8. Help the client define goals and appropriate means of attaining them. Assess ways in which the client, family members, and friends have handled similar problems successfully.
9. After the therapeutic alliance has been formed, apply problem-solving and time-limited approaches. (Sue & Sue, 2003, pp. 307–308, with permission of John Wiley & Sons, Inc.)

Of course, these elements can be shifted about and some even omitted on occasion.

It is also important for counselors to recognize that within the African American population is great diversity. Thus the counselor must be alert and sensitive to individual differences and avoid the trap of cultural stereotyping. Four basic strategies suggested by Exum and Moore (1993) for an “out-of-culture” counselor working with African American clients are as follows:

- Rely on the core conditions.
- Use directive rather than passive or nondirective methods.
- Attend to nonverbal behavior.
- Be available. (Exum & Moore, 1993, pp. 204–207, cited in McFadden, 1993).

Latin Americans

Hispanics or Latinos represent the fastest-growing minority in the United States, with a population of over 35 million (12.5%) in 2000 (U.S. Census Bureau, 2000). The overwhelming majority (20,640,711) of this population is Mexican with Puerto Rican a distant second (3,406,178). Not only are Hispanics the fastest-growing minority group, but they are also the youngest, which probably means that this sector will continue to grow more rapidly than the rest of the nation’s population. The continued very rapid growth of this group, aided by legal immigration influx, further accentuates the need for counselors who can function effectively with Latin American clients. It might also be noted that the vast majority of Hispanic or Latino Americans reside in California, Arizona, Texas, and New York.

Counseling professionals need to understand family values and sex roles when they work with Latin Americans (Arredondo, 1986, as cited in Lee & Richardson, 1991). Family is the predominant and most valued of social institutions in Latin cultures. Parental authority is unquestioned, and family loyalty is a given. Sex roles are also clearly defined, with males being dominant in the more traditional settings. Males are expected to be the wage earners outside the home, although Latin women in the United States are increasingly entering the workforce. These changing roles and values are often a source of conflict within the Latin family and society.

Respect for the Latin client, as for all clients, is of utmost importance if the counseling process is to succeed. One way to show this respect is to take care in pronouncing the client’s name correctly. Another is to be sensitive to the client’s particular culture, realizing that Latin subcultures are many, each with its own characteristics. Like many minority clients, many Latin Americans will have little understanding of counseling and counselors. Counselors will usually be more successful if they use a directive approach with Latin clients. Avoid the use of psychodynamic terminology—a good caveat for use with *all* clients—and assessment measures that might turn the client away.

Asian Americans

Another rapidly growing minority population in the United States is Asian Americans. This population was over 10 million in 2000. Within this bloc are numerous distinct national groups, including Japanese Americans, Chinese Americans, Filipino Americans, and Korean Americans. The diversity within this global group again highlights the importance of avoiding broad include-all categorizations and characterizations. Even so,

culturally conscientious counselors should be aware of several areas of commonality, including family roles and values, control and restraint of emotions, and deference to and respect for authority. The cultural values of the various national groups are also important to recognize.

Counseling and related mental health therapies are not well known or accepted by the vast majority of Asian Americans. It may therefore be appropriate to consider treatment strategies for immigrants and refugees as suggested by Sue and Sue (2003):

1. Be aware of cultural differences between the therapist and the client as regarding counseling, appropriate goals, and process. How would they affect work with Asian Americans who have a collectivistic, hierarchical, and patriarchal orientation?
2. Build rapport by discussing confidentiality and explaining the client role and the need to coconstruct the problem definition and solutions.
3. Assess not just from an individual perspective but include family, community, and societal influences on the problem. Obtain the worldview and ethnic identity of the Asian American client.
4. Conduct a positive assets search. What strengths, skills, problem-solving abilities, and social supports are available to the individual or family?
5. Consider or reframe the problem when possible as one in which issues of culture conflict or acculturation are involved.
6. Determine whether somatic complaints are involved and assess their influence on mood and relationships.
7. Take an active role but allow Asian Americans to choose and evaluate suggested interventions.
8. Use problem-focused, time-limited approaches that have been modified to incorporate possible cultural factors.
9. With family therapy, the therapist should be aware that western-based theories and techniques may not be appropriate for Asian families. Determine the structure and communication pattern among the members. It may be helpful to address the father first and to initially have statements by family members directed to the therapist. Focus on positive aspects of parenting such as modeling and teaching. Use a solution-focused model.
10. In couples counseling, assess for societal or acculturation conflicts. Determine the way that caring, support, or affection is shown. Among traditional Asians, providing for the needs of the other is as or more important than verbalizations of affection. Obtain their perspective on the goals for better functioning.
11. With Asian children and adolescents, common problems involve acculturation conflicts with parents, feeling guilty or stressful over academic performance, negative self-image or identity issues, and struggle between interdependence and independence.
12. Among recent immigrants or refugees, assess for living situation, culture conflict, and social or financial condition. Case management skills may be needed to obtain help in obtaining food and other community resources.
13. Consider the need to act as an advocate or engage in systems-level intervention in cases of institutional racism or discrimination. (Sue & Sue, 2003, p. 342)

Arab Americans

Arab Americans are an emerging minority of recent decades. It is estimated that at least three and a half million Americans trace their heritage to the Arab world (Arab American Institute, 2006). Additionally, approximately 40,000 Arab students are temporarily in the United States pursuing higher education. Due to their relatively recent emergence as a recognizable minority, Arab Americans have received little attention from the counseling profession concerning their uniqueness and needs. We are aware of discriminations and stereotypes generated in the public opinion sector by media attention to terrorist activities attributed to individuals of Arab descent. The hostility and suspicion between many Arab Americans and Caucasian American have handicapped both opportunities and positive outcomes for counseling with this population.

In seeking to assist Arab American clients, counselors must display extra sensitivity to their clients' cultural background and, keeping in mind the diversity within this minority population, some generalizations can be made about the beliefs and practices that most Arab Americans share:

- Marriage and children are essential for a complete and happy adult life.
- Men are the heads of their families and the designated decision makers. In other words, authority and family identification are patrilineal.
- The extended family is valued across generations. Young people owe profound respect to their elders, and often even to older siblings.
- Children are expected to care for their parents and older relatives, usually inviting them to live in their homes, particularly after an older person is widowed.
- Family honor is most easily damaged by the behavior of women, so they have a great responsibility toward the entire extended family to comport themselves in an honorable way.
- Family ties and duties have precedence over work or career aspirations.
- Religious identity and belief in God are essential. (McFadden, 1993, p. 264)

Counselors have only recently become aware of the Arab American population and characteristics of Arab cultures, and it is important that counselors eliminate any stereotypes they may have acquired regarding Arabs as a result of disturbances in the Middle East. With this population it is critical to recognize both verbal and nonverbal communication styles. With some Arab American clients, counselors may also have to consider the stereotypes that Arabs may have about Americans. Counselors must also recognize the cultural and linguistic differences among various Arab populations.

Counselors must constantly strive to improve their therapeutic relationships and effectiveness with this minority, but even more important is our profession's responsibility as human relationship specialists to be active in building positive and productive relationships between our Arab minorities and our mainstream populations. The greatness and idealism of this nation were not built on prejudice and hostilities among our diverse populations. We must join the effort to reverse this undesirable trend.

Native Americans

Native Americans, though not many in number compared to other minorities, have suffered long and disgraceful discrimination that has been stimulated over generations by federal

government policies and politics in which tribal welfare was rarely a consideration. Native Americans have been isolated from mainstream American culture and all too frequently have lived in deprivation and poverty on desecrated land within the bounds of reservations.

As for other minority cultures, counselors must first recognize the diversity that exists within the Native American population. Today, the U.S. government recognizes over 500 tribes, each with its own traditions, values, spiritual beliefs, and family and tribal structures. Complicating this already complex mosaic are various federal legislation enactments and their interpretations.

The would-be counselor of Native Americans must understand that no stereotype or cultural profile is absolute. Even so, it can be said that many Native Americans manifest a respect and desire for harmony with nature and their family and tribal systems. Giving, sharing, and cooperation are also common values of long standing. Counselors must approach their Native American clients with sensitivity and the realization that they, the counselors, may be viewed in the same sense as a tribal elder, meaning more talk and advice giving on the part of the counselor. Of course, by explaining the counseling process to the client, this expectation may be somewhat mitigated.

THE CULTURALLY SKILLED COUNSELOR

The concept of the United States as a melting pot where all our many cultures become one is no longer appropriate. Rather, we view the strength of this nation as one in which various cultures, in preserving their own strengths and uniqueness, contribute to national strength and well-being. Counselors have the opportunity to make significant contributions to the preservation of cultural diversity and the well-being of all cultures; they can also be advocates and role models in their professional practice as effective counselors to culturally diverse populations.

Counselors need a set of principles to guide them in their practice and at the same time help them respect the uniqueness and individuality of every client. These principles will assist counselors in more effectively counseling clients from culturally diverse backgrounds.

Ridley (2005) presents five guiding principles that underlie the idiographic perspective in counseling:

- Principle 1. Counselors should attempt to understand each client from the client's unique frame of reference.
- Principle 2. Nomothetic, normative information does not always fit particular individual clients.
- Principle 3. People are a dynamic blend of multiple roles and identities.
- Principle 4. The idiographic perspective is compatible with the biopsychosocial model of mental health.
- Principle 5. The idiographic perspective is transtheoretical. (pp. 85–88)

The following therapeutic actions will assist counselors in becoming more effective with minority clients. Ridley (2005) discusses 12 guidelines for counseling clients idiographically:

1. Develop cultural self-awareness.
2. Avoid imposing one's values on clients.
3. Accept one's naivete regarding others.

4. Show cultural empathy.
5. Incorporate cultural considerations into counseling.
6. Avoid stereotyping.
7. Determine the relative importance of clients' primary cultural roles.
8. Avoid blaming the victim.
9. Remain flexible in the selection of interventions.
10. Examine counseling theories for bias.
11. Build on clients' strengths.
12. Avoid protecting clients from emotional pain. (p. 92)

Understanding the impact on clients of their cultural values, beliefs, behaviors, and other influences is obviously important when individuals (i.e., counselor and client) from different cultural backgrounds seek to relate and understand each other. For example, cultural differences that may influence cross-cultural counseling might be reflected in manner of speech, personal dress, religious practices, family values, and even leisure practices.

Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) developed a cube illustrating the various types of multicultural concerns clients can present in therapy (see Figure 6-1). The cube presents a model

illustrating the various types of multicultural concerns clients can present in therapy. All clients present combinations of many multicultural issues, and different issues may be prepotent at different times. A range of multicultural issues affecting the counseling relationship make up

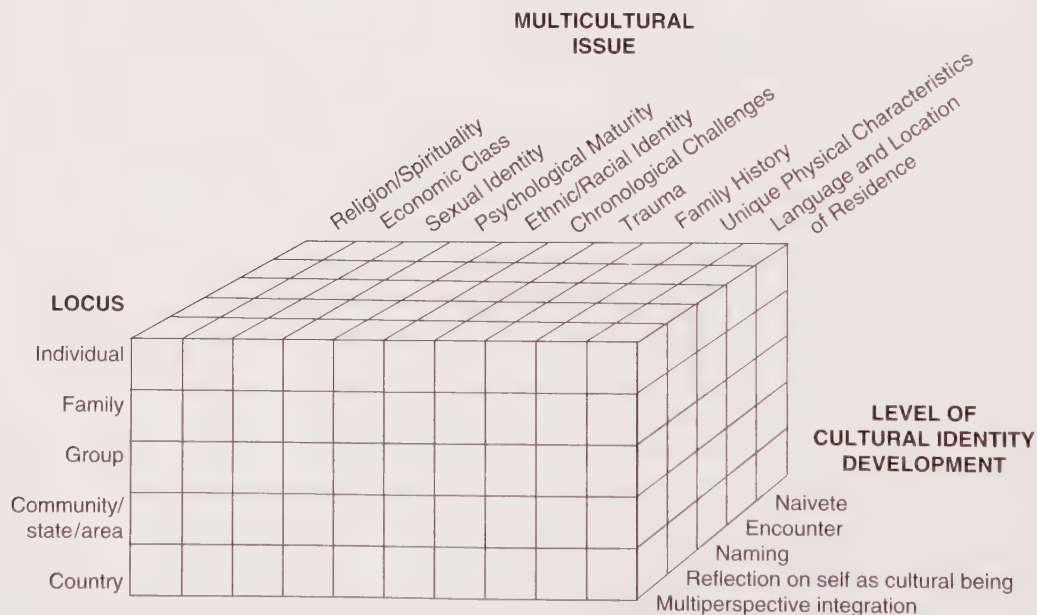


Figure 6-1 The RESPECTFUL Cube.

Source: From A. E. Ivey, M. J. D'Andrea, M. B. Ivey, & L. Simek-Morgan. *Theories of Counseling and Psychotherapy* (5th ed., p. 39). Copyright © 2002. Allyn and Bacon. Reprinted by permission. The RESPECTFUL Cube is reprinted by permission Allen & Ivey, 1992, 1995, 2001, 2007.

one side of the multicultural cube. Along the left side of the cube is the locus of the issue. Although therapists traditionally tend to locate the concern within the individual, an individual issue may actually be derivative of the family, and the family issue may derive from problems in the group, community, state, or country. This points to the need to engage in family therapy, group work, or even community and political action to promote change. (p. 39)

To conclude, we note that to serve all cultures counseling programs should

- Have at least one minority counselor.
- Ensure that all professionals and staff are multiculturally attuned (use consultants if necessary).
- Address issues that may be the concerns of minorities only.
- Consider whether public announcements of services are appealing and appropriate to *all* populations.
- Involve minority community members in planning.
- Be advocates for all cultures.

Beyond using their multicultural skills in counseling individuals and groups, counselors also have the responsibility for educating others for diversity. This responsibility of educating others, such as workers in the workplace, students in the classroom, and adults in the community in multicultural and diversity perspectives, can be a challenging, and at times frustrating, experience. Ridley and Thompson (1999) note that

classroom instructors, group facilitators, and organizational consultants who offer diversity training, often encounter resistance in their work. In some cases, certain members of the audience harbor serious doubts about the relevance of diversity to their lives or profession. Still others advocate diversity on one level, yet resist making meaningful changes because of what they perceive as the direct cost accompanying change. How well diversity trainers handle the phenomenon of resistance or even recognize it depends largely on their developing expertise in resistance management. Importantly, identifying the various sources of and complexities inherent in resistance is essential to diversity instruction. (p. 3)

Ridley and Thompson (1999) continue,

In one sense, resistance to diversity training is no different than any type of resistance to positive change and growth; it is an impediment to progress. Thus, by its very nature, diversity training jars the familiarities that people come to know and depend upon. (pp. 3–4)

However, counselors involved in diversity or multicultural sensitivity training should keep in mind that the resistance to this training is no different than any other type of resistance to positive change. Resistant management strategies may include the following:

- Create an optimal environment for learning and constructive change.
- Take a systems perspective on resistance management.
- Identify resistant behavior.
- Assertively confront resistance.
- Clarify the learning objectives.
- Do not react defensively to trainee resistance.
- Incorporate exercises that help trainees identify the sources of their resistance (Ridley & Thompson, 1999, pp. 16–21)

Finally, we note the probability that minorities will become the majority in the workforce over the next several generations. If these minority employees are to be productive and satisfied with their work settings, managers and supervisors must be trained and sensitive to the issues and nuances of cultural differences. Here again, counselors will have an opportunity to make significant contributions for the advancement of cultural harmony.

SUMMARY

The growing minority U.S. population and the emerging national attention to their contributions, rights, influences, and needs are, and should be, reflected in increased attention and response from the counseling profession. Counselors today are functioning in a global village. We must, therefore, not only be culturally aware and respectful in our interactions with our clients, but we must also be active in promoting positive human relationships and fighting cultural prejudice in the larger society. We must recognize the uniqueness of the different minority populations in the United States and, to this end, this chapter has discussed the African American, the Latin American, the Asian American, the Arab American, and the Native American. Principles to guide the culturally skilled counselor were also presented.

DISCUSSION QUESTIONS

1. How would multicultural issues affect the way you assess a client and arrive at a clinical diagnosis? Do multicultural issues only affect assessment when the client is culturally different from the counselor? Why or why not?
2. As a culturally effective counselor, how will you integrate multicultural skills and recommendations into your own personal theory of counseling?
3. As a group counselor, would you approach a multicultural counseling group any differently from any other? Discuss.
4. What cultural group would you feel the least qualified to counsel individually and what would you propose to improve your qualifications?

CLASS ACTIVITIES

1. Divide into small groups. In each small group, discuss what cultural biases and assumptions are held and have group members challenge unfounded biases and stereotypes.
2. Consider the following scenario: A Korean child is transferred to a predominantly White school. Discuss among the class how the school counselor would help the child adjust to the new environment. What cultural issues should the counselor consider?
3. Divide into small groups. In each group, have each person answer the following questions: (a) How would I describe my own ethnicity? (b) What would I identify as my race? (c) What do I identify as my culture? Then discuss what one would look for in a client to determine the client's ethnicity, race, and cultural background.
4. Divide into groups of five to six. Each group member is to identify a country that is essentially unknown to him or her, where the language is foreign and he or she has little understanding of the culture and values of the country. Imagine spending a year in this environment. Identify the country and discuss how you would proceed to learn to live in this environment.

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Human Assessment for Counseling

This chapter is designed to acquaint you with the role of assessment for counseling purposes. We initially discuss standardized testing, including some of the controversies attending this practice. In the last section, we examine a variety of nonstandardized approaches.

ROLE OF ASSESSMENT

Since the initial Parsonian era, client assessment has been considered a vital aid to effective counseling and guidance. The old saying “The better you know the client, the better counselor you become” has much merit. A suggested approach might proceed as follows:

1. What is the client’s need/concern/issue for which information is needed?
2. What are the types/kinds of information needed to effectively assist the client?
3. What assessment procedures and techniques are most likely to obtain this information?
4. How can the results of this assessment be organized and applied to satisfy the client’s needs?

STANDARDIZED TESTING FOR CLIENT ASSESSMENT

Few activities in education and psychology have remained as consistently controversial over the past 80 years as the standardized testing movement, not only in schools but also in government agencies and business and industry. From statements in Cubberly’s (1934) *Public Education in the United States* and Gross’s (1963) *The Brain Watchers*, to “Use and Misuse of Tests in Education: Legal Implications” (Nolte, 1975), “IQ Tests and the Culture Issue” (Ornstein, 1976), and “Standardized Tests: Are They Worth the Cost?” (Herndon, 1976) through Robinson’s (1983) “Nader Versus ETS” (Educational Testing Services), “America’s Test Mania” (Fiske, 1988), and the special issue of *Educational Horizons*, “Assessment: The Winter of Our Discontent” (1993), the pros and cons of standardized test usage have been publicly dissected. The controversy was refueled by the passage by Congress in 2001 of the No Child Left Behind act. The act, as amended, mandates that students perform at proficient levels or above on standardized math and reading exams by 2013–2014.

This nationwide standardized achievement testing in the nation's public schools is a program that may have implications for support from federal programs, not to mention local political ramifications. This testing may result in old social issues, educational concerns, and legal implications being explored.

Prominent psychologists and educators have cautioned counselors and other users of the risks of clients drawing unwarranted conclusions from test results; others have lamented the overemphasis on test scores by individuals, school systems, government agencies, and many businesses and industries. In addition, Anastasi (1992), a leading authority in the field of standardized measurement, suggested that tests are also misused because of

the too human desire for shortcuts, quick solutions, and clear-cut answers to our questions. This common human weakness has been capitalized on by soothsayers over the centuries, from phrenologists to astrologers and other self-styled expert advisers. People seeking guidance are often attracted by the facile promises of charlatans, in contrast to the slower, deliberate considerations and the carefully qualified suggestions of the scientifically trained professional. Similarly, if one or two short tests—whatever their technical imitations and defects—seem to offer a simple answer to questions about career choice, interpersonal difficulties, emotional problems, or learning deficiencies, many test takers will be temporarily satisfied. At another level, some misuse of tests by a counselor or other test user may arise from time pressure or work overload, which renders shortcuts attractive (p. 610)

Other common criticisms are that standardized testing has become increasingly costly in both time and money. Additionally, “coaching” for the test has increased significantly, adding further to the time subtracted from the teaching/learning process. All too frequently the reputation of schools, principals, teachers, and school boards rise and fall with test scores. Too often this leads to schools to “teach for the test.”

Colleges and universities also must share blame for the testing mania as they almost universally rely on standardized scores for student admissions. Recent data indicate a slight decline in the utilization of standardized results for college admission purposes. We suggest that the tests are not consistently fair to the test takers, who are not measured against their peers but against norm groups who took the test, at best, several years earlier. They are not measured against what they have had the opportunity to learn through their texts and classroom instruction but against a body of knowledge determined to be appropriate by national surveys or panels of subject-matter experts. Also, these tests may be formatted in a manner that is unfamiliar to the student test taker (for example, the time limitations on most standardized tests are much more severe than those on traditionally developed classroom tests).

While recognizing the justifiable criticisms of the overuse and misuse of standardized testing, we acknowledge the many schools and school systems, as well as a wide variety of agency settings, where tests are used with prudence and caution by adequately trained counselors and psychologists. In most institutional or agency settings where counseling takes place, including schools, standardized tests are the counselor's basic instrument for objective assessment of the personality traits, aptitudes, interests, and other characteristics of individuals. Clearly, individual counseling demands a knowledge and recognition of the individuality of clients. Measurement of individual differences is a part of the mainstream of personnel psychology. Also, two major movements in the 1990s have contributed to improvement in the use and reporting of test results.

The accountability movement initiated by the U.S. Office of Education in the 1990s resulted in local school systems being held accountable for achieving educational goals identified by state and, in some instances, federal authorities. Because of the significance of accountability, much effort was expended to ensure that tests fairly measured what was being taught locally.

Also in the 1990s, authentic assessment became a major testing development. According to Fisher and King (1995), “The purpose of authentic assessment is to evaluate using a method consistent with the instructional area and to gather multiple indicators of performance. Authentic assessment has had a major influence on teachers’ assessments of students’ academic progress” (p. 16). It therefore is most appropriate to introduce potential counselors to this important area of counselor understanding and skill, recognizing the continuing debates and issues. Such knowledge plus a basic understanding of these areas of testing will enable you to more effectively discriminate between uses and abuses and to retain in your counseling repertoire a useful analytical tool.

STANDARDIZED TEST SCORES: WHAT DO THEY MEAN?

Whenever we evaluate someone, we usually do it in terms of some kind of comparison or point of reference. For instance, we may refer to Juan as the most handsome one in the group, Kathy as the best student in the class, and Mariah as the hardest worker in the bookstore. Here, we are comparing Juan to all others in the group, Kathy to all other students in the class, and Mariah to all other workers in the bookstore. Although we might attempt to make some predictions or deduce some other traits for Juan, Kathy, and Mariah from our observation, these would amount to nothing more than speculations, and we could justifiably be accused of unreliable procedures and data. If Kathy, Juan, and Mariah were to seek counseling, their counselors would want more objective and valid data before attempting to describe their traits and performances against the average traits and performances of others with comparable characteristics and experiences. An elementary understanding of statistics and statistically based tests, however, would enable the counselor to do this.

These basic understandings of educational and psychological statistics enable the counselor to (a) describe the characteristics of an individual or group in comparison with a specific group or population, (b) predict the probability of future success or failure in a given area on the basis of present or past behavior, and (c) infer the characteristics of a population from a sample of that population. It therefore follows that a good working knowledge of elementary statistical concepts is important for anyone who uses the various techniques of individual analysis and mandatory for all who use tests and other tools of measurement. This section offers a brief overview of descriptive statistics, the basic statistical terms, and essential computational procedures, beginning with perhaps the most common—and most commonly misunderstood—of all statistical terms, *average*.

Averages

When Latonya reports to her parents that she scored “70” on her history test, should they be pleased, satisfied, disappointed, or what? Until they have more information, they cannot be sure how to react, because 70 could represent 70% of the questions answered correctly,

70 answered correctly out of 75 asked, a formula score of 70 (i.e., rights minus wrongs), or 70th in a class of 120 taking the examination. In this example, you may note that a score in and of itself is of little value. A score becomes meaningful only when it provides an index of how well or how poorly a person performed in comparison with others taking the same test and, knowing that, what other significance can be interpreted from the results. Latonya's parents are asking what an average performance is on this test and how she differs from the average. Also, they might ask to what does her score relate—what does it mean? Let us begin then by reviewing what is meant by *averages*.

Most educational and psychological evaluation is based on a person's position in a group compared with others who constitute the group. The average position in a group becomes an important point of mathematical reference in standardized testing for human assessment. The three distinct statistical types of averages are known as *measures of central tendency*: the mean, the median, and the mode. For most nonstatisticians, the definition of the mean is commonly associated with the term *average* because the *mean* is defined as the mathematical average of a group of scores. The *median* is the midpoint of a set of scores with 50% of the scores being distributed above and 50% below that point. The *mode* represents the most frequent score in a set of scores. Of these three averages, the mean is the most useful and popular, and the mode, having little statistical value, is the least popular.

Variations From the Average

Once we have determined what is average, we must utilize a statistical methodology to measure the degree to which each person varies from this established average, or *point of central tendency*. Such statistical measures are called *measures of variability*. Two common measures of variability are the range and the standard deviation. The *range* is the spread from the lowest score to the highest score in a distribution. The range is a relatively simple measurement device with limited descriptive value. The *standard deviation*, however, is a statistical process that allows for an exact determination of distances of scores from the mean.

The mean and the standard deviation, when computed for a specific set of test scores, enable a counselor to determine how well an individual performed in relation to the group. This interpretation is made by specifying standard deviation distance from the mean and determining the proportion of the population that will be beyond or deviate from it, assuming that the scores are normally distributed. This normally distributed population is most popularly viewed as a normal curve, as shown in Figure 7-1. (*Note:* Rarely are the mean, median, and mode the same.)

In Figure 7-2, the normal curve is, in effect, sliced into bands, one standard deviation wide, with a fixed percentage of cases always falling in each band. Figure 7-2 then illustrates a significant fact: The mean plus and minus one standard deviation encompasses approximately 68% of a normally distributed population; the mean plus and minus two standard deviations encompasses approximately 95% of that population; and the mean plus and minus three standard deviations encompasses 99.7% of that population. This information, which remains constant for any normally distributed set of scores or values, makes possible a meaningful interpretation of any score in a group.

As you view the normal curve and its segmentation into standard deviations, note that these facts are handy for interpreting standard scores. Furthermore, whenever you can assume a normal distribution, you can convert standard scores to percentile scores, and vice

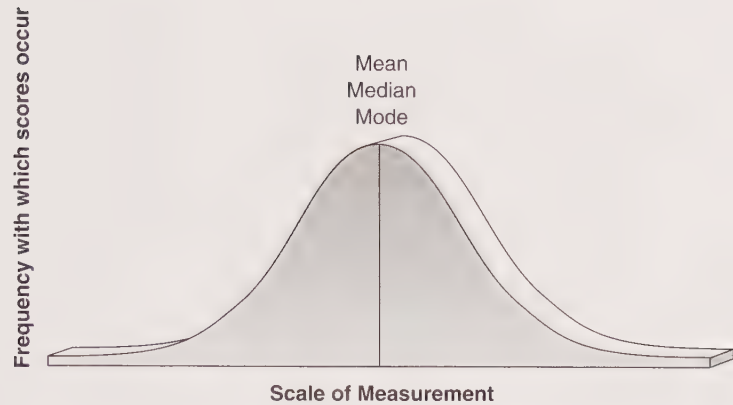


Figure 7-1 The normal curve.

versa. Thus, three basic facts for deriving a statistical evaluation of a person's performance on a psychological test are the person's raw score, mean, and standard deviation for the group with which the individual is being compared.

Relationships

Once you have determined the meaning of an individual's score in relation to the scores of others who have been administered the same measure, you must ask what are the other relationships or meanings of this score. The score and its comparative standing will take on meaning when it can be related to some meaningful purpose. For example, if students who score high on a college entrance examination actually perform at a high academic level in college, then one can assume that there is a relationship between scores on the examination and performance in college. The test score then becomes meaningful in terms of its prediction of college success, a meaningful purpose.

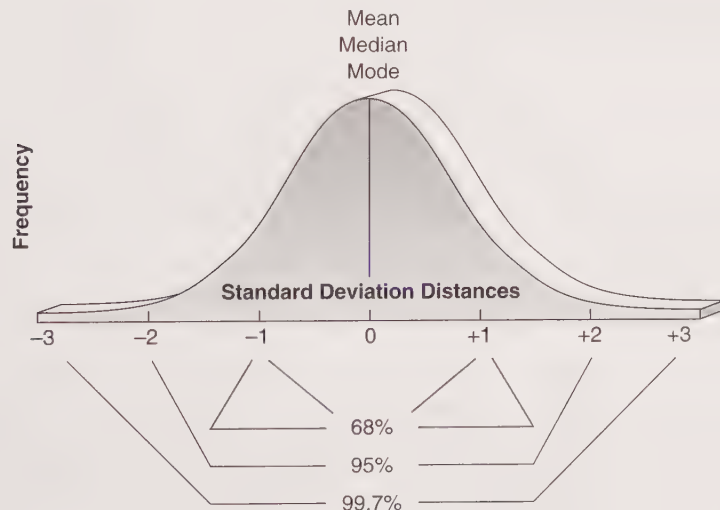


Figure 7-2 Scores in a normal distribution.

When you look for a statistical method to express relationships between two variables such as test scores and academic performance, you can compute a *correlation coefficient*. Correlation coefficients range from plus one through zero to minus one. A plus one indicates a perfect positive correlation, for example, the rank order of those taking the college entrance examination and their academic rank order in the college program are identical. A correlation of minus one means that the scores go in exactly the reverse direction. Thus, a correlation of minus one would indicate that persons who score highest on the entrance examination achieve the lowest in college. A zero correlation would represent a complete lack of relationship between two sets of data. A frequently computed coefficient of correlation is the *Pearson product moment coefficient*. (For those wishing more information about the Pearson product moment coefficient, consult Drummond and Jones's 2006 text.)

Statistical Symbols

The counselor, teacher, or others who read test manuals, interpret test data, or in other ways seek to interpret simple statistical data should be familiar with basic statistical symbols. Although no universal statistical language exists, the following are some of the more commonly recognized symbols and their meanings.

M	Mean
Σ	Sum of
Σfb	The sum of frequencies below the class in which the median will fall
SD	(or S) Standard deviation for a particular set of scores
X	Actual or raw scores obtained
MD	Median
x	Distance (or score difference) of a score from the mean
N	Number of cases
i	Size of a class interval in scale units
M'	Assumed mean
r	Coefficient of correlation
z	Scale value of the standard normal distribution; the standard deviation of distance of a given score from the mean
l	The lower limit of the class in which the median will fall
fw	The total of the frequencies within the class in which the median will fall
f	Frequency; the number of times a particular score occurs
p	Percentage of persons getting a test item correct.
q	Percentage of persons getting a test item wrong ($p + q = 100$)

PRESENTING TEST SCORES

Because raw test scores are in themselves meaningless, they have little value for the reporting of individual test results. As previously indicated, a raw score becomes meaningful only when it can be converted into some type of comparative score—one that enables an individual to be compared against others of a group. Most standardized tests, therefore, utilize one or more of the following methods of converting raw scores into a more meaningful method of presenting an individual's test results.

Percentiles

A percentile score represents the percentage that falls below a given raw score in the standardized sample for a given test. A person's percentile ranking indicates his or her relative position in a normative sample. For example, if 60% of the students answer fewer than 30 problems correctly on an English usage test, then a raw score of 30 corresponds to the 60th percentile.

Percentiles are probably the most common method of presenting scores and are relatively easy to interpret. Due to their relative ease of interpretation, however, several cautions should be noted. In working with non-test sophisticated groups, such as parents, students, and most general populations, it is important to emphasize that percentiles do not represent percentages. Because percentiles represent comparison scores, it is also important to note the population with which an individual is being compared and the valid purposes for which comparisons can be made. It should also be noted that there are inequalities in percentile units.

The reason such distortion occurs is quite simple. When a raw-score distribution approximates the normal curve, many more moderate scores fall in the middle of the distribution than do either high or low scores, which occur at the ends. Because percentiles are based on the raw-score distance encompassed by a specified percentage of the total group, percentile distances near the median, with its high concentration of cases, will encompass a much smaller raw-score difference than the same percentile distance farther from the median. Hence the 15 points of raw-score difference between the 5th and 10th percentiles may shrink to 5 points of difference between the 40th and 45th percentiles.

These distortions make it difficult to use percentiles for profiling and other comparisons of a student's performance on two or more tests. To overcome the limitations in test interpretation resulting from the inequality of percentiles, more and more test publishers are turning to some type of standard score for norming.

Computing Percentiles

To expedite test interpretation, you may want to compute percentiles for a given group. The formula for computing percentiles from a grouped frequency distribution is

$$P_x = l + \left(\frac{PN - \sum fb}{fw} \right) i$$

A grouped frequency table—once it is properly prepared—can be used for computing most of the elementary statistics a counselor might need for that set of scores. However, the computation of percentiles is made easier by adding to the table a column showing progressive accumulation of frequencies. This is called a *cf* (cumulative frequency) column; it is shown at the left in Table 7-1, which uses the hypothetical Oakwood High School data. The following steps show how one would go about finding the 25th percentile for the Oakwood High School data given in Table 7-1.

1. Multiply N by the desired percentile (converted to a decimal) to determine the class in which this percentile falls. For the Oakwood group, N is 250 and the desired percentile is 25. The product of 0.25×250 is 62.5; the *cf* column indicates that the score value of the individual ranking 62.5 from the bottom is found within the class 50–54, so it is established that P_{25} lies between 49.5 and 54.5.

Table 7-1 Computation of percentiles for the hypothetical Oakwood High School data.

<i>cf</i>	<i>X</i>	<i>f</i>	<i>d</i>	<i>fd</i>
250	95-99	2	7	14
248	90-94	3	6	18
245	85-89	5	5	25
240	80-84	10	4	40
230	75-79	15	3	45
215	70-74	22	2	44
193	65-69	38	1	38
155	60-64	55	0	0
100	55-59	32	-1	-32
68	50-54	28	-2	-56
40	45-49	17	-3	-51
23	40-44	14	-4	-56
9	35-39	5	-5	-25
4	30-34	4	-6	-24
<i>N</i> = 250				$\Sigma fd = -20$

2. Determine the necessary values for the formula:

$$P_{25}N = 62.5$$

$$\Sigma fb = 40$$

$$fw = 28$$

$$i = 5$$

3. Insert the values in the formula and perform the indicated computations:

$$\begin{aligned}
 P_{25} &= 49.5 + \left(\frac{62.5 - 40}{28} \right) 5 \\
 &= 49.5 + \frac{22.5 \times 5}{28} \\
 &= 49.5 + 4.02 \\
 &= 53.52 \text{ or, rounded, } 53
 \end{aligned}$$

Deciles and Quartiles

Chase (1984) described deciles and quartiles as follows:

Two kinds of figures besides percentiles are also frequently used to show relative standing in a group. These are *deciles* and *quartiles*, both of which are similar to, and indeed can be read from, percentile tables. Deciles are points that divide the distribution of raw scores into segments of 10 percent each. Thus, the first decile *D1* would be that point on the distribution below which 10 percent of the cases fall, *D2* the point below which 20 percent of the cases fall, etc. Deciles can be computed in the same manner as percentiles, since *D1* is *P10*, *D2* is *P20*, etc.

Deciles, like percentiles, are points on a scale. Therefore, a score can be between the third and the fourth deciles, i.e., in the fourth lowest 10 percent of the group, but it cannot be in the third decile, since that decile is only a point on the scale. Quartiles divide the distribution of raw scores into segments of 25 percent each. Thus, the first quartile, Q1 is the point that cuts off the lowest 25 percent, Q2 the lowest 50 percent of the group (what is another name for this point? [median], and Q3 the lowest 75 percent of the distribution.

It should be emphasized, however, that deciles and quartiles, like percentiles, are points along the scale. They are not segments of that scale. It is wrong to say that case X *is in the third quartile* or something similar. This is an error because the third quartile is only a point on the scale. (p. 77)

Standard Scores

Standard scores have become increasingly popular with standardized test developers. A standard score expresses a person's distance from the mean in terms of the standardized deviation of the distribution. For example, let us return to Kathy, Juan, and Mariah and their scores on a test:

Mean of the test takers	75
Standard deviation	15
Kathy's score	90
Juan's score	65
Mariah's score	45

Using the formula $\frac{X(\text{raw score}) - M(\text{mean})}{SD(\text{standard deviation})}$, the following standard scores are obtained:

$$\text{Kathy: } \frac{90 - 75}{15} = +1.0$$

$$\text{Juan: } \frac{65 - 75}{15} = -0.7$$

$$\text{Mariah: } \frac{45 - 75}{15} = -2.0$$

Because both decimal points and plus and minus signs may be confusing or easily misplaced, they can be transformed into a more convenient form by multiplying each standard score with some constant. For example, if we multiply these scores by 10, we have +10, -7, and -20. We can then eliminate the plus and minuses by adding a constant of 100. Thus, Kathy's score becomes 110, Juan's 93, and Mariah's 80.

Standard Error of Measurement

There is often confusion between standard error of measurement and standard deviation. The standard deviation of scores on a test refers to the standard deviation of the test scores obtained by a *group* of persons on a single test. It is a measure of the "spread" of scores between students. In contrast, the standard error of measurement refers to the standard deviation of test

scores that would have been obtained from a *single* person had that person been tested multiple times. (Drummond and Jones, 2006, pp. 68–69)

In other words, a score on a test should not be considered to be an exact measurement without the possibility of error. It is much more appropriate to think of test scores as estimates. Thus, an individual’s performance on a test may be thought of as falling within a range, rather than a single point on a scale.

Stanines

Another variation for normalizing standard scores was developed by the United States Air Force in World War II. The name *stanine* is a contraction of standard nine, a 9-point scale having a mean of 5 and a standard deviation of 2. The percentages of a normal distribution that fall within each of the nine stanines are as follows:

Stanine	1	2	3	4	5	6	7	8	9
Percentage	4	7	12	17	20	17	12	7	4

Relationships among various types of test scores and the normal curve may be noted in Figure 7-3.

Norms

A favorite expression of soldiers in the ranks is *snafu* (situation normal—all fouled up). We label people as normal or abnormal if they deviate from our concept of normalcy, and we use such expressions as “He would normally do this” or “Under normal conditions you can expect that.” The term *norm* or *normal* is a popular one that most people use frequently to denote the expected or what can be reasonably anticipated. The concept of normal or norm as used in standardized testing terminology also implies normal or average performance on a given test. Norms are derived during the process of standardizing a test. As a basis for determining the norms, a test is administered to a sample (usually large) that is representative of the population for whom the test is designed. This group then comprises the standardization sample to establish the norms for the test. These norms reflect not only the average performances but also the relative frequency of the varying degrees of deviation below and above the average.

Age Norms

The use of age norms or standards is a fairly popular one in the nonscientific sense. We often suggest that Gerardo is as big as a 10-year old or Janie has the vocabulary of a 6-year old. The use of this concept in reporting standardized testing results became popular when the term *mental age* was used during the translations and adaptations of the original Binet scales, discussed later in this chapter. From this initial usage, age norms were frequently used to measure any trait that showed progressive change with age. For example, in physical development it would be relatively simple to prepare norms for the height or weight of growing children by years. In testing, age norms represent the test performance of persons grouped and normed according to their chronological ages. This type of score is more likely to be noted in the reporting of achievement tests, especially in the elementary school grades.

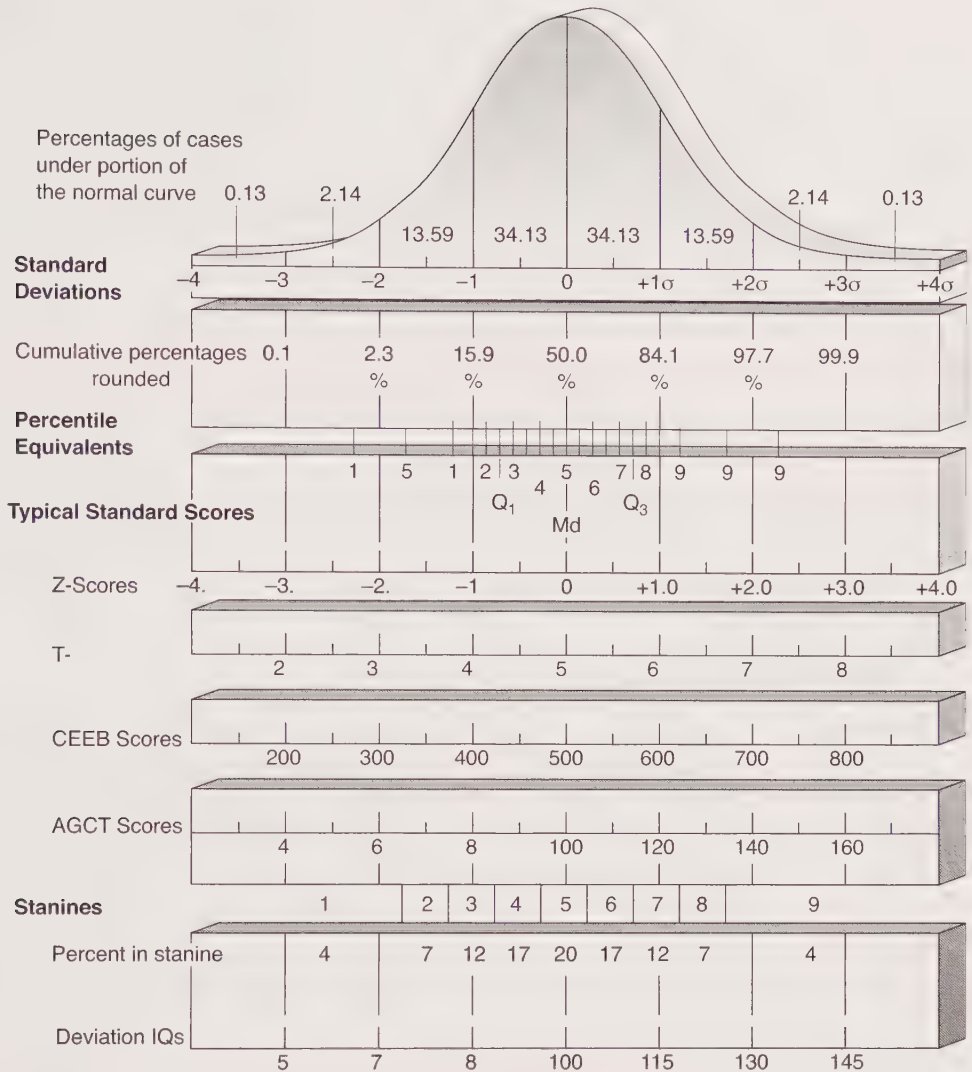


Figure 7-3 Relationships among different types of test scores in a normal distribution.
 Source: *Measurement and Evaluation in Psychology and Education* 4/e by Thorndike/Hagen, © 1955.
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This concept of scoring and reporting results has two shortcomings. First is a lack of agreement regarding when and at what rates children should be introduced to certain basic academic subjects and what comprehension level should normally be expected in these subjects. Second is that age norms assume uniform growth from year to year, an assumption of questionable validity.

Grade Norms

Grade norms are similar to age norms inasmuch as they are based on the average score earned by students at a specific grade level. Again, grade norms are popular for reporting

Table 7-2 Main types of norms for educational and psychological tests.

Type of Norm	Type of Comparison	Type of Group
Age norms	Individual matched to groups whose performance he equals	Successive age groups
Grade norms	Same as above	Successive grade groups
Percentile norms	Percent of group surpassed by individual	Single age or grade group to which individual belongs
Standard score norms	Number of standard deviations individual falls above or below average of group	Same as above

Source: Measurement and Evaluation in Psychology and Education 4/E by Thorndike/Hagen, © 1955. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ.

achievement test results in terms of grade equivalents. This method of reporting standardized test results, however, suffers from the same shortcomings as do age norms but is more readily viewed as suggesting standards to which teachers should aspire. Table 7-2 contrasts the main types of norms for educational and psychological tests.

SELECTING A TEST: WHAT CRITERIA?

The number and variety of standardized tests available to counselors and other users today require a recognition and application of appropriate criteria in test selection. Furthermore, much of the criticism of standardized testing over time has focused on poorly designed instruments and poorly prepared users, which implies the need of criteria for both. Certainly, there are clinical as well as research-based reasons for concern about the trustworthiness of the data produced by assessment devices.

For obvious reasons, counselors should not use standardized tests that do not give accurate measures or that they (the counselors) are not competent to interpret. An error in measurement or interpretation can lead to an error in client decision making.

Validity

Validity is traditionally defined as the degree to which an instrument measures what it claims to measure or is used to measure. For example, does the Whiffenpoof Mechanical Aptitude Test really measure one's aptitude for mechanical activities, as claimed, or does it simply reflect one's previous experiences in the areas being tested? Or to raise a question of traditional controversy, do IQ tests really measure basic or native intelligence, or do they more appropriately reflect one's cultural and educational experiences? In establishing validity, one must note the appropriateness of test or interview questions and of situational samples to the evaluation objectives. Because it is impossible to include all possible questions or situations in an evaluation tool, those selected for inclusion must be representative of the content areas or behavioral patterns being assessed and appropriate for the individual under study and the given circumstances. When an instrument meets these conditions, it is said to have *content validity*.

When the foregoing types of validity do not or cannot provide sufficient evidence of a test's validity, its construct validity may be cited. *Construct validity* pertains to the adequacy of the theory or concept underlying a specific instrument. In other words, it involves logically ascertaining the psychological attributes that account for variations in test scores or other derived data. Construct validity is reported in terms of the kinds of responses the test should elicit and the ways in which those responses should be interpreted on the basis of logical inferences about the behavior the test is designed to assess.

Reliability

The second major criterion to be applied in standardized test selection is reliability. *Reliability* represents the consistency with which a test will obtain the same results from the same population but on different occasions. An instrument's reliability enables a counselor or other user to determine the degree to which predictions based on the established consistency of the test can be made.

Two techniques are popularly used to establish reliability. One is the *test-retest method*. When this method is used, timing between the tests is crucial because growth or decline in performance could occur if the interval is too long, whereas recall of original test items might occur if the interval is too short. A second approach for determining reliability is to establish an instrument's *internal consistency*. This consistency is set by comparing test takers' responses to the odd-numbered questions with the consistency of their responses to the even-numbered questions.

Practicality

A third important, but often overlooked, criterion in the selection of a standardized instrument is that of *practicality*. First among the practical considerations is whether trained personnel are available to administer, score (if necessary), and interpret the particular standardized test under consideration. The importance of users understanding the fine points of interpretation cannot be overemphasized.

A second and not unimportant practical consideration is the cost of the instrument and accompanying materials. The expense of scoring is included in this consideration. Additionally, many standardized tests can be used only for one testing, so replacement costs may become another factor. Time required for administration is also a practical consideration, especially, but not exclusively, in school settings.

Finally, counselors should be aware of the invaluable assistance in test selection that may be provided by the utilization of the current edition of the *Mental Measurements Yearbook*. This publication provides a critical review of most of the popular standardized measures currently in use. Counselors also may find the Buros Institute of Mental Measurements Web site helpful: www.unl.edu/buros.

TYPES OF STANDARDIZED TESTS

Having briefly examined statistical concepts, methods of scoring, and criteria for the selection of standardized tests, let us now consider the specific areas for which standardized tests are available. These include aptitude, achievement, interest, and personality testing.

There is admittedly some overlap in these categories, especially in interest and personality, but here we examine them as discrete, though not exclusive, areas for the classification of standardized tests. This discussion focuses on group standardized tests. We recognize the value of individual tests and know that counselors and psychologists in a variety of non-school settings frequently use individual tests; beginning counselors, however, especially in educational settings, work almost exclusively with group tests.

Intelligence or Aptitude?

The terms *aptitude* and *intelligence* are often used synonymously. However, in the discussion of standardized tests, one should examine the subtle differences that distinguish measures of intelligence from measures of aptitude. One distinction is that intelligence tests tend to provide a broad measure of overall or general ability, primarily related to one's potential for learning, whereas aptitude measures tend to focus more narrowly on specific factors. Stating it another way, intelligence tests tend to measure one human characteristic, the intellectual or mental capabilities of the individual; aptitude tests can be used to measure a wide range of primarily career learning and performance potentials. Both intelligence and aptitude measures have been the subject of the nature/nurture debates.

Additionally, the overlap between intelligence and scholastic aptitude tests has, at times, blurred the differences between these two areas of standardized psychological measurement.

Intelligence Testing

The most popular area of aptitude or ability testing is the category that includes tests purporting to evaluate general academic ability, mental ability, and intelligence. Of these subsets, intelligence or IQ testing is the oldest and most controversial. Much of this controversy has centered around the various views of what constitutes intelligence, what influences it—heredity versus environment—and whether intelligence changes. These controversies have led to some more popularly accepted labels such as *academic ability*, *mental maturity*, *scholastic ability*, or *academic aptitude tests*, some of which are probably more appropriate than others as many of the earlier IQ tests were largely normed on school populations and developed to predict performance in school.

Other shortcomings of general intelligence assessment are that different people arrive at the same end by different intellectual means. The reading level of the test taker can bias the results. Judgments about intelligence can be linked with judgments about the worth of the individual. In addition, there has been a strong tendency to overlook the cultural and value relativity of intelligence judgments.

The first intelligence tests were designed by a Frenchman, Alfred Binet, to be administered to individual students; in the early 1900s, several American versions were developed. The most popular of these, the Stanford-Binet, based on the work of Lewis Terman at Stanford University, was published in 1916. This test has remained popular to the present, with the most recent revision being the fifth edition (2003) for use with individuals 2 through 85 years old. Norms are provided for a Verbal IQ (VIQ), Nonverbal IQ (NVIQ), and Full Scale IQ (FSIQ). For both the verbal and nonverbal areas, there are five factors:

1. *Fluid Reasoning* concerns an examinee's abilities to solve verbal and nonverbal problems using inductive and deductive reasoning.

2. *Knowledge* assesses an examinee's accumulated fund of general information acquired at home, school, work, or elsewhere "in life."
3. *Quantitative Reasoning* measures facility with numbers and numerical problem solving, whether with word problems or figural relationships (emphasis is on problem solving more than mathematical knowledge).
4. *Visual-Spatial Processing* involves an examinee's abilities to see patterns, relationships, spatial orientation, and the gestalt among diverse aspects of visual displays.
5. *Working Memory* measures short-term memory processing of verbal and visual information, with an emphasis on "transformation" or "sorting out" of diverse information. (Whiston, 2005, p. 151).

The other popular and perhaps most often administered individual intelligence tests are the various Wechsler scales.

The Wechsler Scales were developed by David Wechsler, a clinical psychologist, and were based on the assumption that intelligence was the sum total of the individual's abilities to think in a rationale manner, to act purposefully, and to deal in an effective way with his or her environment.

Wechsler developed a series of three intelligence instruments that are similar in approach but geared toward different age groups. The *Wechsler Preschool and Primary Scale of Intelligence III* (WPPSI-III) (Wechsler, 2002) is designed for children ages 2 years, 6 months through 7 years, 3 months; the *Wechsler Intelligence Scale for Children—Fourth Edition* (WISC-IV) (Wechsler, 2003) is for children ages 6 through 16 years, 11 months; and the *Wechsler Adult Intelligence Scale—Third Edition* (WAIS-III) (Wechsler, 1997) is for individuals 16 through 89 years old. The WPPSI-III, the WISC-IV, and the WAIS-III all include a measure of Full Scale IQ (FSIQ), Verbal IQ (VIQ), and Performance IQ (PIQ), and all have 12 to 14 subscales.

Due to the similarities of all the Wechsler intelligence instruments, the following information on the WAIS-III (Wechsler, 1997) should also acquaint readers with some aspects of the WPPSI-III and many aspects of the WISC-IV. For both the WAIS-III and the WISC-IV, the four composite scores are the Verbal Comprehension Index (VCI), the Perceptual Reasoning Index (PRI) for the WISC-IV or the Perceptual Organization Index (POI) for the WAIS-III, the Working Memory Index (WMI), and the Processing Speed Index (PSI).

- The *Verbal Comprehension Index* is a measure of verbal attention, concentration, and processing speed and involves the subtests of Vocabulary, Similarities, Information, and Comprehension.
- The *Perceptual Organization Index* assesses visual perceptual ability and eye-hand coordination and includes the subtests of Block Design, Matrix Reasoning, Picture Completion, Object Assembly, and Picture Arrangement.
- The *Working Memory Index* denotes a person's information-processing capacity and the active use of incoming information. The subtests involved are Digit Span, Arithmetic, and Letter-Number Sequencing.
- The *Processing Speed Index* concerns mental and motor speed and the ability to organize, plan, and implement appropriate strategies. This index involves the subtests of Digit Symbol-Coding and Symbol Search. (Whiston, 2005, pp. 145–147)

The Kaufman Adolescent and Adult Intelligence Test (KAIT) (Kaufman & Kaufman, 1993) is designed for individuals 11 to 85 years old. The Core Battery can be given in 60 minutes. The KAIT includes three intelligence scales: Fluid (Gf), Crystallized (Gc), and

Composite Intelligence. It has six subtests, three that assess fluid intelligence and three that assess crystallized intelligence (Whiston, 2005, p. 153).

Another frequently used instrument is the *Slosson Intelligence Test-Revised, Third Edition* (SIT-R3) (Nicholson & Hibpshman, 1990). The SIT-R3 provides a relatively quick assessment of cognitive abilities for children and adults. It consists of 187 items that are given orally; the examinee's language skills will influence performance. The SIT-R3 is highly correlated with the Verbal Scale and Full Scale IQ scores of the Wechsler instruments (Whiston, 2005, p. 154).

One of the most popular group intelligence tests has been the Otis, or, as currently labeled, the *Otis-Lennon School Ability Test*, 7th edition (OLSAT-7). The first Otis test appeared in 1918 as the Otis Group Intelligence Scale and later achieved great popularity in both industry and education as the Otis-Quick Scoring Mental Abilities Tests. The current edition is for students in kindergarten through Grade 12, with a maximum of 75 minutes required.

Counselors who elect to use intelligence or mental abilities tests must be ever alert to the very sensitive nature of what they are measuring. Intelligence is at the core of the individual's view of his or her self-worth and potential. How does the counselor tell a client that he or she has scored below average on an IQ test, or tell parents that their child has a measured IQ below normal? Obviously serious psychological damage can be done, and this has happened in many unfortunate instances.

Counselors should also be aware that many IQ tests have for years been suspected of a cultural bias that would discriminate against minorities and populations in special environments. The use of intelligence tests should, therefore, be approached with extreme caution, if the tests are to be used at all.

Aptitude Tests

Aptitude may be defined as a trait that characterizes an individual's ability to perform in a given area or to acquire the learning necessary for performance in a given area. It presumes an inherent or native ability that can be developed to its maximum through learning or other experiences. However, it cannot be expanded beyond this certain point, even by learning. Although the idea of limits may be a debatable concept, it is stated here as a basis on which aptitude tests are developed. In theory, then, an aptitude test measures the potential of one to achieve in a given activity or to learn to achieve in that activity.

Aptitude tests would most likely be used by counselors and others because they may (a) identify potential abilities of which the person is not aware; (b) encourage the development of special or potential abilities of a given person; (c) provide information to assist a person in making educational and career decisions or other choices among competing alternatives; (d) help predict the level of academic or vocational success a person might anticipate, and (e) be useful in grouping persons with similar aptitudes for developmental and other educational purposes. Note that these are *potential* advantages and will accrue only under optimal conditions, which include initially the use of appropriate and proper measurement instruments relevant to the client's needs.

Although we usually expect a person to demonstrate considerable differences across a range of aptitudes, we should also be alert to the possibility that a person will not demonstrate or measure at the same level for a given aptitude every time. In other words, a track star may

run the 100-yard dash in 10 seconds one day and the same distance under the same conditions in 10.4 seconds the next day. Aptitude measures are thus actuarial rather than absolute.

Special Aptitude Tests

Special aptitude tests usually refer to those tests that seek to measure a person's potential ability to perform or to acquire proficiency in a specific occupation or other type of activity. Tests that measure special aptitudes are sometimes referred to as *single aptitude tests* or *component ability tests* because they only secure a measure for one specific aptitude or a single special ability. Tests of special aptitude have generally declined in popularity as aptitude batteries have increased in popularity. Counselors must frequently use standardized tests to measure a single aptitude in areas of mechanical, clerical, or artistic abilities. Single-aptitude tests have also been developed for use in various graduate and professional schools. Aptitude tests are also available for particular school subjects, especially in the areas of mathematics and foreign languages.

Vocational Aptitude Batteries

Aptitude batteries are developed on the assumption that different career fields have their own sets of criteria. Further, being able to profile and contrast results for differing careers is an advantage.

Multiple aptitude tests are an outgrowth of factorial studies of intelligence. In discussing the objective of factor analysis, Anastasi (1992) wrote:

The principle objective of factor analysis is to simplify the description of data by reducing the number of necessary variables, or dimensions. Thus, if we find that five factors are sufficient to account for all the common variance in a battery of 20 tests, we can for most purposes substitute five scores for the original 20 without sacrificing any essential information. The usual practice is to retain from among the original tests those providing the best measures of each of the factors. (p. 303)

These batteries typically consist of a series of subtests related in varying combinations to a series of occupations or occupationally related activities. The major advantages of batteries over single-aptitude tests are (a) convenience in administration as a result of having in one package a test that can be used to measure potential in a variety of activities; (b) the norming of all the battery's subtests on the same population, which thus yields comparable subtest norms; and (c) the opportunity to compare potential in a wide variety of areas with one test.

The oldest and previously most widely used of these multiple aptitude batteries was the General Aptitude Test Battery (GATB). The Armed Services Vocational Aptitude Battery (ASVAB) is also extensively used. A brief examination of the characteristics of these tests may help you further understand the nature of aptitude batteries.

General Aptitude Test Battery

The General Aptitude Test Battery (GATB) was administered through the U.S. Employment Service. However, this instrument has been replaced by the O*NET Ability Profiler. (Whiston, 2005, p. 187). This instrument is one of three assessments linked to the O*NET Occupational Information Network. This network provides a comprehensive database of

the attributes and job characteristics of workers. This network has become the nation's primary source of occupational information, replacing the *Dictionary of Occupational Titles*.

Differential Aptitude Test

The Differential Aptitude Test (DAT) (Bennett, Seashore, & Wesman, 1990), consists of a battery of eight subtests. The current (1990) edition is designed for students in Grades 7 through 12 but can also be used with adults. The subtests are verbal reasoning, numerical reasoning, abstract reasoning, mechanical reasoning, space relations, spelling and language usage, and clerical speed and accuracy. This battery has for many years been one of the most popular in schools as an aid in counseling students for vocational and educational decision making.

The Armed Services Vocational Aptitude Battery

Since 1972 approximately 1 million high school students per year have taken the Armed Services Vocational Aptitude Battery (ASVAB), a service that is available to local high schools at no cost or obligation to either the school or student. The current version (Forms 23 and 24), also used throughout the U.S. military services and the U.S. Department of Defense, consists of eight tests: arithmetic reasoning, paragraph comprehension, word knowledge, general science, mathematics knowledge, electronics information, mechanical comprehension, and auto and shop information. Approximately 3 hours of administration time are needed for the current edition of the battery. School counselors should keep in mind that the majority of validation studies of the ASVAB have been with military occupations or military training programs. This may raise caution flags for high school students who are basing nonmilitary career choices primarily on their ASVAB results. There is also some concern about the average score differences between minority and nonminority examinees. (Prediger, Swaney & Vansickle, 1992).

According to Whiston (2005)

the ASVAB is evolving, and numerous studies of job performance are continuing to be performed on this widely used instrument. In addition, the Department of Defense is in the process of developing a computer-adapted version that will shorten the time required for taking the ASVAB (p. 187).

Scholastic Aptitude Tests

Scholastic or academic aptitude tests propose to measure a person's potential for performing in academic situations. Such tests as the Scholastic Assessment Test (SAT) and the American College Testing Program (ACT) batteries have merit for predicting academic performance at higher educational levels. However, more appropriate labels would be academic achievement or academic predictions, because they tend to predict future academic achievement on the basis of past learning rather than of native ability.

These two popular tests are commonly used for the admission, placement, and counseling of college students. Many high school counselors and college admissions officials have frequently noted that the best single predictor of a college student's academic performance in college is the student's high school academic grade point average. However, this prediction may be enhanced when combined with scores on a standardized admission test scores such as the SAT or the ACT.

The proponents of such tests for admissions purposes suggest that they measure, in a uniform way, the basic knowledge expected in a field; they compensate for differences in grading practices and differing content emphases among schools. Some critics, however, complain that they discriminate against minorities and students attending schools serving lower socioeconomic populations.

Academic Achievement Tests

Academic achievement measurement is an area of standardized testing to which most students have been subject, not on just a single occasion or two but probably numerous times during their educational programs. Of all the areas of standardized testing, achievement tests are the most popular in terms of numbers administered to different individuals as literally hundreds of thousands of achievement tests are administered on an annual basis in the overwhelming majority of schools throughout the United States. The accountability movement of recent generations has sparked additional growth in the widespread administration of achievement tests, used in these instances to measure and, all too frequently, to evaluate teachers, schools, and school systems.

This emphasis on achievement testing as an index of educational excellence in school reform movements of the late 1980s and 1990s has stimulated both the use of achievement tests and attention to their results. Renewed calls by elected officials—particularly at the federal level—for national standardized testing to evaluate school performance has further fueled the long-standing controversy over the use and abuse of tests. Despite the widespread popularity of academic achievement tests, they are frequently confused with other measures, especially aptitude tests.

In fact, as with aptitude tests, there are a variety of achievement tests. These might be identified as follows:

- *Achievement batteries.* These batteries are designed to survey achievement. They propose to measure knowledge and skill in subject matter areas such as reading, math, social studies, language skills, and science and are partially norm referenced and partially criterion referenced.
- *Subject area tests.* Standardized tests have been developed to measure achievement in nearly all of the popular curricular areas such as math, language arts, spelling, science, and reading.
- *Criterion-referenced tests.* These tests are designed to measure an individual's understanding of a particular ability. These tests are designed so that an individual's scores are measured by their relative position within a distribution of scores as obtained through a standardized sample. This enables the individual results to be judged by his or her level of performance on specific skills or content criterion.
- *Norm-referenced tests.* These tests compare an individual's results to the results of others who comprise the reference groups upon which the norms were prepared for a particular measuring instrument.
- *Diagnostic tests.* As the term implies, diagnostic tests are administered to identify or assess the strengths and weaknesses of individuals in the area being measured.

Academic achievement tests are used to provide measures of (a) the amount of learning, (b) the rate of learning, (c) comparisons with others or with self-achievement in other

areas, (d) level of learning in subareas, (e) strengths and weaknesses in a subject matter area, and, in some instances, (f) predictions of future learning. Because of their extensive use and the relatively easy task of identifying appropriate content measures, achievement tests are among the best designed standardized measures available to counselors. However, users of achievement tests must keep certain considerations in mind if they are to use such instruments appropriately.

First, it is important that the content of the test is relevant to the subject matter content that the student has experienced. In other words, the test should measure what the student has had the opportunity to learn. Further, the emphasis within the test, in terms of topical areas covered, must be appropriate for the emphasis the student has experienced in the subject matter class. Additionally, the level of difficulty of the test items must be appropriate for the age/grade level being tested. A final consideration, one that bears repeating, concerns the norming sample on which the test has been standardized. If this sample is representative of the general population appropriate to the age/grade level being tested, comparison with this general population may be appropriate. If the population of the sample is similar to the population being tested, that would usually be desirable. However, if the norming population is considerably dissimilar, it may not be an appropriate group against which to compare the group being tested.

Although achievement tests that measure only a single subject matter area are available, batteries that measure and compare across a series of subject matter areas are far more popular. This popularity results partly because an achievement battery is less expensive than a collection of subject-matter tests and will probably require considerably less time to administer. This advantage occurs because the subject-matter tests within a battery follow uniform procedures for administration of all tests. In addition, each subject-matter test has been normed on the same population, making test selection and comparison of students' scores easier.

According to Whiston (2005), the *TerraNova, The Second Edition*

provides a detailed example of a current achievement battery. The *TerraNova, The Second Edition*, serves as a good example because it evolved from the Comprehensive Tests of Basic Skills (CTBS) and the California Achievement Tests (CAT), both of which are achievement tests with long histories. In fact, the *TerraNova, The Second Edition* is the sixth edition of the CAT, so it is also referred to as the *TerraNova (CAT)*. The *TerraNova, The Second Edition* is also a good example because it incorporates both norm-referenced interpretation and criterion-referenced interpretation based on item response theory. The *TerraNova, The Second Edition* is a modular series that offers multiple measures of achievement. School districts can select from the *TerraNova CAT Multiple Assessment*, which includes both selected-response items and constructed responses, or the *TerraNova CAT Complete Battery*, which involves only selected-response items. The *TerraNova CAT Survey*, which takes less time to administer, is also available. All of these options assess Reading/Language Arts, Mathematics, Science, and Social Studies, and the results include norm-referenced scores, criterion-referenced objective mastery scores, and performance-level information. However, the amount of information contained in the results varies among the three options. (p. 168)

One of the popular achievement test batteries is the Iowa Test of Basic Skills, published by Riverside Publishing Company located in Itasca, Illinois. This series is available in two forms for kindergarten through Grade 8. The five major areas tested by this battery are vocabulary, reading comprehension, language skills, work-study skills, and mathematical

skills. The test developers point out that this battery measures pupils' abilities to use and acquire skills, for no test or subtest is concerned with only the repetition or identification of facts.

The Iowa Tests of Educational Development, published by the Riverside Publishing Company are normed for Grades 9 through 12 and consist of seven subtests measuring subject-matter areas appropriate for secondary school curricula. Standard scores, grade equivalent scores, national percentile ranks, normal curve equivalent scores, stanines, and large-city norms are available for all tests and for the composites. Local norms are available from the Riverside Scoring Service and the Riverside Publishing Company in Chicago.

The Metropolitan Achievement Test (8th edition) consists of eight battery levels for measuring performance from the beginning of kindergarten through Grade 12. This battery consists of single tests for reading comprehension, mathematics, language, social studies, and science. The basic battery consists of the first three tests. The complete battery utilizes all five tests. This battery is available from the Psychological Corporation, a subsidiary of Harcourt Brace Jovanovich, Inc., New York.

Interest Inventories

In a discussion of career planning, one might hear such statements as "I've always been interested in nursing"; "The thought of teaching really turns me off"; "I know I'd enjoy selling cars"; or "Being a flight attendant would be the most exciting career I could imagine!" Such pronouncements of career interests are common among adolescents and young adults. Equally common are statements of uncertainty and frustration regarding career choices, such as "I wish somebody would just tell me what career I should enter"; "I can't make up my mind between engineering or coaching"; or "I'm really upset because I can't think of any job I'm interested in."

Although interest testing has, for many years, been a popular psychometric aid to adolescents and young adults in career planning, recently it has been increasingly used for older populations considering midlife or other career changes.

Discussions and other explorations of interest are valuable aids for career planning and related career counseling and guidance; even a simple listing in hierarchical order of possible careers may be as valid in some instances as standardized, inventoried interests.

However, counselors, teachers, and others who assist youth and adults in career and related decision making should be aware of certain values that may result from the use of standardized interest inventories. Such potential benefits include these:

- A comparative and contrasting inventory of a person's interests
- Verification of a person's claimed interest or tentative choice
- Identification of previously unrecognized interests
- Identification of the possible level of interests for various (usually career) activities
- Contrast of interest with abilities and achievements
- Identification of problems associated with career decision making (no areas of adequate interest; high stated interest versus low inventoried interest in a career field)
- A stimulus for career exploration or career counseling

We would indicate the importance for counselors to remember that interest inventories may measure interests and interests only. Counselors must be aware that, especially with the young, interests change very rapidly, and a student's decision to be a professional athlete

today may change to being an astronaut tomorrow. Also, counselors should keep in mind that interest inventories measure broad general areas of interest.

The popular development of interest tests evolved from studies indicating that people in a given occupation seemed to be characterized by a cluster of common interests that distinguished them from people in other occupations. Researchers also noted that these differences in interests extended beyond those associated with job performance and that persons in a given occupation also had different nonvocational interests—hobbies and recreational activities that could distinguish them from those in other occupations. Thus, interest inventories could be designed to assess a person's interests and relate them to those of various occupational areas.

One of the most widely used interest inventories is the *Strong Interest Inventory* (SII®, Harmon, Hansen, Borgen & Hammer, 1994), which can trace its roots to the 1927 publication of the Strong Vocational Interest Blank®. The Strong Interest Inventory® assessment, often simply called the Strong, had been called the Strong-Campbell Interest Inventory before 1985. The Evolution of this instrument over the past 50 years has resulted in a widely used and respected instrument. Not only is the Strong Interest Inventory® commonly used in career counseling (Watkins, Campbell & Nieberding, 1994), but it is also often cited as one of the most widely used instruments in counseling in general (Bubenzer, Zimpfer, & Mahrle, 1990; Elmore, et al., 1993). In addition, the Strong inventory is one of the most researched instruments in counseling, with hundreds of studies having been performed. The Strong Interest Inventory® compares the individuals' responses to items with the response patterns of people in different occupations. This tool is appropriate for high school students, college students, and adults. (Whiston, 2005, p. 195)

Fredrick Kuder, like E. K. Strong, has had a long and substantial influence on interest assessment. Most recently, his name has been attached to the *Kuder® Career Planning System* (KCPS), an online assessment that combines the use of three instruments. Two interest assessments with a long history of clinical use and substantial research are the Kuder Occupational Interest Survey, Form DD (KOIS-DD) Kuder & Zytowski, 1991) and the Kuder General Interest Survey (KGIS, Kuder, 1988). The Kuder Occupational Interest Survey, Form DD assesses the interests of high school students, college students, and adults. It consists of 100 items, each of which presents a triad of activities. . . . For each item, clients select the activity they would most like to do and the one they would least like. The reports provide information on 10 general interest areas and on 109 occupations. (Whiston, 2005, p. 205).

Another interest inventory developed by Kuder is the *Kuder General Interest Survey* (KGIS, Kuder, 1988). The KGIS is somewhat unique in that it is geared toward younger adolescents—it can be used with individuals as young as Grade 6. The purpose of the KGIS is not for career decision making but rather to stimulate career exploration. (Whiston, 2005, p. 205)

The *Self-Directed Search* (SDS, Holland, Fritzsche, & Powell, 1994) is another inventory that is usually designated as an interest inventory, although its focus is not exclusively interest. The SDS also includes analyses of abilities and competencies. The conceptual base of the SDS is Holland's theory in that the instrument measures the six basic personality types he proposed. There are four versions of the SDS, with each designed for different groups of individuals.

Form R is for high school students, college students, and adults; Form E is for adults and older adolescents with limited reading skills; Form CP (Career Planning) is for employees who aspire to greater levels of professional responsibility; and the Career Explorer version is for middle or junior high school students. All of these versions are self-administered and self-scored. The assessment book is accompanied by an *Occupational Finder* that facilitates the exploration of occupations related to the three-letter summary code produced by taking the SDS. There is also a computer version and computerized interpretative reports for Forms R and CP. Ciechalski [2002] suggested that the SDS can be used in numerous ways in counseling and that the different versions are applicable for a wide range of clients. (Whiston, 2005, p. 204)

The *Career Maturity Inventory* (CMI) was recently revised (CMI-R, Crites & Savickas, 1995). The CMI was revised to shorten the administration time and to modify the instrument so it could be used with post-secondary students and adults. The CMI-R is composed of an Attitude Scale, a Competence Scale, and an overall indicator of Career Maturity. Further, the revised edition includes the Career Developer (CDR), which was constructed to interpret each item. Counselors can use the CDR for hand-scoring or to help facilitate greater maturity by allowing the client to learn the correct response to each item. In the CMI-R, the Attitude Scale and the Competence Test each contain 25 items. Currently, there is limited information on the psychometric qualities of the revised edition; however, this instrument has a strong theoretical and empirical foundation. (Whiston, 2005, p. 215)

The *Jackson Vocational Interest Survey* (JVIS, Jackson, 1996) is a relatively recent contribution to interest assessments and is intended for use with adolescents and adults. The JVIS is unique in that it measures preferences in both Work Styles and Work Roles. Work Styles concern preferences for work environments and include scales such as Dominant Leadership, Job Security, and Stamina. Roszkowski (2001) recommended that the instrument be used with highly motivated clients because of the length of the survey. (Whiston, 2005, p. 206)

Personality Tests

Of all the areas of standardized testing, none is more intriguing to the general public, and perhaps to the counseling profession as well, as personality assessment. From the do-it-yourself personality test in the daily newspaper to sophisticated, projective techniques requiring highly specialized psychological training, personality testing represents a universal quest of the individual to understand what makes him or her and fellow human beings tick. But personality testing is as complex as what it seeks to measure. Let us examine some of the questions or concerns that must be taken into consideration.

What Is Personality?

The term *personality* has many different meanings. You can readily discern the wide variations in viewpoints regarding this topic by asking a group “What is personality?” and noting the wide range of responses. The concept of personality is a difficult one to treat with the precision usually associated with standardized tests. Thus, constructors of personality tests face the challenge of determining what workable definition of personality they will use and what aspect or aspects of that definition they will measure. Generally speaking, however, in conventional psychometric terminology, “personality tests are instruments for the measurement of emotional, motivational, interpersonal, and attitudinal characteristics, as distinguished from abilities” (Anastasi & Urbina, 1997, p. 348).

What Is Normal Personality?

The question of what constitutes a normal personality would probably elicit a variety of answers from the public. Most persons tend to view “normal” in terms of their own behavioral personality traits and values. Thus, an extremely extroverted person, viewed as normal by one group, may be viewed as abnormal by another group. Even if one is able to objectively identify norms for specific behavioral responses, one still must determine at what point the deviations from those norms become abnormal.

Can Personality Be Measured?

The question of whether personality can be measured has been answered objectively and affirmatively by many authors of standardized personality measures and has further been affirmed by many practicing counselors, psychologists, and psychiatrists utilizing observation and other nonstandardized techniques. Some of the difficulties involved in obtaining accurate assessments are client based and must be the concern of the test interpreter:

1. The capability of a person to accurately analyze many aspects of his or her own personality is questionable. In some instances, the client may not possess the insight to respond accurately. Although the client’s view of self is important, it may not be appropriate to the intent of the measuring instrument. In other instances, one must recognize that the individual’s view of self can be distorted, differ from the perceptions of others, and be misleading to the test interpreter.
2. Some persons may deliberately falsify their responses. Most often, deception occurs when a person responds in a manner that he or she views as more socially acceptable than perhaps his or her true response might be. For example, little children almost inevitably respond that they love their parents, even when they do not know them or when they actively dislike them. Also, one can anticipate that some respondents will project an ideal self rather than the real self in their answers. Some persons may respond as the friendly and popular person they wish they were, rather than the withdrawn individual with few friends they recognize themselves to be. The intimate nature of a question may dissuade the respondent from answering accurately. Most notable examples in this category are questions dealing with a person’s sexual activities, beliefs, and values.

Several of the more popular personality inventories or standardized personality assessment instruments are the Myers-Briggs Type Indicator, the Edwards Personal Preference Schedule, and the Minnesota Multiphasic Inventory (MMPI). The MMPI requires special training and supervised experience for test administrators before they can use it in clinical settings.

The *Myers-Briggs Type Indicator*® inventory, authored by Isabel Briggs Myers and Katharine C. Briggs (MBTI®), is a widely used instrument based on Jungian theory. The theory suggests that variations in behavior are related to basic differences in the ways individuals prefer to perceive and then make judgments about what they have perceived. Furthermore, Jung proposed that individuals have different attitudes (i.e., introversion or extroversion) in which they use their perceptions and judgments. The different forms of the MBTI inventory are designed to assist people in understanding their preferences as measured on four dichotomies. The

MBTI is a typology instrument in which scores on the four dichotomies result in individuals being categorized into 16 psychological types. The manual indicates the MBTI is appropriate for individuals 14 and older who can read at the eighth-grade level (Myers, McCaulley, Quenk, & Hammer, 1998). The Murphy-Meisgeier Type Indicator for Children (Murphy & Meisgeier, 1987) is an instrument that measures MBTI types for children between ages 7 and 12. (©Myers-Briggs Type Indicator and MBTI are registered trademarks of CPP, Inc.) (Whiston, 2005, p. 239)

One of the reasons for the popularity of the MBTI inventory rests in its philosophical stance that all types are valuable and that the preferences are not correct or incorrect. The developers of the MBTI stressed that the preferences are simply differences rather than indicators of health or pathology. (Whiston, 2005, p. 241)

In using the MBTI, a counselor needs to consider whether the use of Jungian theory is appropriate for the client and the situation, for, unlike some personality instruments, this instrument is based on a theory. The Myers-Briggs Type Indicator assessment has been used in a wide variety of settings and for diverse reasons (e.g., family counseling, career counseling, team building). The widespread use of the MBTI is one of its major problems. An instrument is neither valid nor invalid; rather, validity concerns the support for specific interpretations and the uses of an instrument's results. In my opinion, the MBTI inventory has been used for purposes in which there is little validation evidence. Therefore, a counselor who considers using the MBTI needs to be familiar with the validity evidence (Whiston, 2005, p. 242).

The *Edwards Personal Preference Schedule* (EPPS) is a personality inventory based on the theory of personality presented by Henry Murray (Murray, Barrett, & Honburger, 1938). The EPPS is designed to show the relative importance to the individual of 15 key needs or motives:

- Achievement
- Deference
- Order
- Exhibition
- Autonomy
- Affiliation
- Intraception
- Succorance
- Dominance
- Abasement
- Nurturance
- Change
- Endurance
- Heterosexuality
- Aggression

The EPPS has a forced-choice format, which means the examinee has a choice between two options on each item.

Another clinically oriented instrument is the *Minnesota Multiphasic Personality Inventory-2* (MMPI-2) (Butcher, Dahlstrom, Graham, Tellegen, & Kraemmer, 1989).

Whiston (2005) indicates:

The criterion in the original MMPI was the identification of psychopathology. The MMPI was designed to differentiate those individuals with a psychopathology as compared with normal individuals. The MMPI-2 manual reflected that it is a “broad-based test to assess a number of the major patterns of personality and emotional disorders” (Butcher et al., 1989, p. 2). Therefore, the MMPI-2 is used to diagnose emotional disorders, but it is also intended for use in nondiagnostic activities (p. 228).

CRITERION-REFERENCED TESTING

One of the most frequently raised issues in the 1970s and 1980s concerned criterion-referenced testing versus norm-referenced testing. Many educators will suggest that it is not a case of either/or—that, in fact, criterion-referenced testing complements norm-referenced testing and vice versa. While one cannot deny the rapid gains in popularity that criterion-referenced testing has made in recent years, the regeneration of calls for a national standardized testing program suggests that a national preference still exists for norm-referenced testing. A criterion-referenced test measures whether a person has attained the desired or maximum goal in a learning experience.

If we were to contrast criterion-referenced testing with norm-referenced testing by using a practical example, we might note that a 6th-grade class could achieve an average score ahead of 52% of other 6th-grade classes in a representative nationwide sample. This information, however, might not tell those interested, such as teachers, parents, and students, more specifically how well this 6th-grade class reads or what students have learned to read. On the other hand, a typical criterion-referenced test result would indicate how many pupils in this 6th-grade class can read at a certain rate of reading, comprehend at a certain level of comprehension, and recall with reasonable accuracy what they have read after passage of a specific period of time. In the first instance, a class is competing against other classes to demonstrate to what degree pupils have learned or not learned to read. In the latter case, however, pupils are competing against a locally established standard, a learning objective, a criterion.

Rather than noting the range of individual differences in test scores, criterion-referenced tests place persons in one of two groups: those who have attained the criterion and those who have not. Perhaps Hawes (1973) best expressed the popularity of criterion-referenced testing by entitling his article “Criterion-Referenced Testing: No More Losers, No More Norms, No More Parents Raising Storms.”

COMPUTERIZED ADAPTIVE TESTING

Another popular as well as innovative movement in testing is computerized adaptive testing. In this approach a computer selects different questions from an item pool to administer to different students. Worthen, White, and Borg (1993) describe the process:

The computer selects each question from a pool of items of known difficulty. The question is displayed on a TV screen, and the student either types the letter of the correct multiple-choice response or touches the screen at the location of the correct response. The computer records whether the response is correct or incorrect and selects the next question, based on the student’s

response to the previous question. If the student's response is correct, the next item selected will be more difficult; if the student's response is incorrect, the next item selected will be easier. As more items are administered, the computer considers the student's performance on all previous items in estimating his mastery level and selecting the next item to be administered. As a result, the items are adapted to the level of the student. That is, on the whole they will be neither too easy nor too difficult for the individual. The main advantage of this method over conventional testing is that in *computer adaptive testing*, because each student is administered a different combination of items, the teacher cannot teach to the test, and the student cannot help his peers by passing on the test items he remembers, because most of the items administered to other students will be different. (p. 212)

Because each student responds to different sets of questions, the resulting scores of all the students are not comparable. Other categories of computerized assessment instruments are those in which the user controls the sequence of self-assessment and clarification and reassessment. This may improve the client's willingness to accept self-assessment. User on-line self-assessment provides the opportunity for clients to judge the variables they consider important. Finally, system-controlled online self-assessment simplifies the assessment by reducing the number of options. The reduction in the number of options may be an advantage for some clients. The disadvantage is a reduction in the client's control of the system.

Counselors also need to be aware that computer-assisted assessment is different from computerized adaptive testing. Computer-assisted assessment refers to the use of computers for assisting the administration, scoring, and interpretation of a test. The manner of this assistance can vary from the computer's simply scoring the results to the test takers taking the test at the computer and then receiving scores and interpretation from the computer and, often, a detailed written report.

DEVELOPING A TESTING PROGRAM

In many school settings, testing programs may be mandated by state legislative bodies or agencies or set by local school boards with limited input from the schools and their counselors. In nonschool settings, counselors may find that organizational policies dictate, at least in part, the nature of the organization's utilization of standardized tests. However, in those more ideal circumstances where counselors and their fellow helping professionals can determine the nature of the organization's standardized assessment program, it is obviously desirable to develop a logical, sequential approach that provides for accountability. The following steps present one such procedure that, while appropriate perhaps to school settings, may also be suitable for some community and business and industrial settings:

1. *Determine the needs.* This is obviously the initial and critical step that defines the degree to which the testing program will be relevant. Here the key question is "What new information do we need to provide good (not just adequate) service to the organization's target population? The word *new* implies that a specific type of test data should not be a priority if it duplicates information already available through other sources. In other words, priority goes to needed data not already available. Second priority would be for information that tests can provide for supplementing already existing data.

2. *Determine the program's objectives.* Once the testing needs have been identified, these needs should be translated into the testing program's objectives. For accountability purposes, these objectives should be stated in concise, measurable terms.
3. *Select the appropriate instruments.* In determining which tests are best to serve the program's objectives, obviously the basic criteria of validity, reliability, norming appropriateness, and administrative practicality are applied. In addition, the skills needed to administer and interpret the tests must be available. Costs are always an important consideration.
4. *Determine the testing schedule.* Tests should be scheduled for specific dates to provide data at the time they are most needed or most appropriate. Spacing is also important to avoid testing overload for both those administering and those taking the tests.
5. *Evaluate the outcomes.* Data indicating the degree to which the objectives have been achieved should be collected and utilized. Appropriateness of the instruments should be examined. Results should lead to continuous program improvement.

In testing program planning, one must always bear in mind that testing is not an end in itself but, rather, an opportunity to develop a more complete picture of the client—a picture mutually shared by both the client and the counselor.

Multicultural Issues

The controversies associated with standardized testing noted at the beginning of this chapter have almost from the outset of the psychological measurement movement included charges of bias and discrimination based on gender, race, socioeconomic background, and so forth. Legal recognition of these possibilities were recognized in Title VII of the Civil Rights Act of 1964, which included prohibiting the use of tests for employment discrimination. Subsequent court decisions have further refined concepts of bias in tests, with the majority of cases being decided in favor of plaintiffs over test companies.

However, beyond the legal guidelines, counselors and other test administrators and interpreters have professional responsibility to be sensitive and alert to the multicultural clients they serve. For example, test-taking anxiety may be higher in some populations. Verbal inflections, implied implications of results, and the attitude of the counselor can also appear discriminatory. Economic environments can limit some populations, and the verbal directions for some tests may unintentionally bias the test. Also, the client's reading level and rate of reading may be factors in some instances.

Computerized administering, scoring, and interpretation can be found for a wide selection of specific instruments in all of the major assessment areas. Advocates also point out that clients tend to like computer testing, especially when adaptive testing is programmed.

Another feature of the computerized program is the near-instant feedback of results. Further, the increasing development of narrative interpretations, presented through computer printouts, will obviously speed up the total assessment process. These interpretations are based on the consensus of experts and research and do provide for uniformity in interpretations, lessening the likelihood of counselor error or bias. However, many counselors are concerned because of the limits imposed on counselor–client interactions and the mechanization of the whole process as opposed to the traditional “humanistic” approach.

Other questions have also arisen regarding norms generated on paper-and-pencil tests being applied to computerized versions of the same tests, differing administration procedures, and, for some clients, a deviation from the familiar format of classroom and previously taken standardized tests. Confidentiality and other ethical issues have also been examined. Although these and other questions are being debated and studied, it should be abundantly clear that we must adapt to the new technologies and learn to use these new advances to enhance our own performance as professional counselors.

A Concluding Thought on Standardized Testing

As we conclude this overview on standardized assessment, we note for our readers that the intent of this chapter is to provide only a brief orientation to this very important area of counselor preparation. Subsequent courses in psychological measurement will be required—and should be looked forward to—before a helping professional can ethically and appropriately administer, score, and interpret such test results.

NONSTANDARDIZED TECHNIQUES FOR HUMAN ASSESSMENT

Sometimes we are called on to explain, even justify, why one of our close friends acts the way he or she does. The reply may, at least subconsciously, draw on our knowledge of our friend's home and family background; the environment in which he or she grew up or now lives; the cultural background; the physical and psychological characteristics, as we perceive them; or the experiences of the friend. In these instances, a wealth of background information provides insights into the behavior of those we know well. Nor is this knowledge limited by our own particular occupation or discipline. Some of what we know might be classified as cultural or anthropological, some as environmental or sociological, and some as psychological.

In a similar vein, most of us feel more confident with a family physician who has looked after our ailments for years, who knows us as individuals rather than just physical specimens, who understands us totally. It is a situation that an equally competent but new-comer physician cannot duplicate.

In the world of sporting competition, frequent references are made to psyching out the opposition. This psyching out attempts to go beyond understanding the athletic skills of the opponent, implying that the better we know our competition, the better we can compete.

These examples suggest this section's objective, namely, to describe nonstandardized assessment techniques for increasing and broadening our understanding of our client population. Thorough assessment increases the potential for maximum treatment efficacy. Interdisciplinary concepts of human assessment are presented, followed by some suggested guidelines or principles of human assessment. We then focus on the nonstandardized techniques commonly employed by counselors for individual analysis in various settings. We note that standardized techniques, such as psychological testing, are those with a precise and fixed format, set of procedures, and method of scoring that enable the instrument to be used for the same purpose in a variety of settings and times. Standardization suggests uniformity and objectivity. Nonstandardization suggests a broader, variable, and more subjective approach to gathering and interpreting data for human assessment.

CONCEPTS OF HUMAN ASSESSMENT

The most intelligent yet most complicated and difficult to understand living organism known to civilization today is the human being. When we place human beings in their environment, a rapidly changing and complex society, we cannot help but recognize the enormity of the task of those who seek to understand, predict, and assist the development of human behavior. In undertaking this responsibility, we are quick to recognize that no one discipline or area of expertise alone possesses the theoretical or technical basis for a comprehensive understanding of modern people in modern society. To this end, those who study human behavior—whether from the viewpoint of an individual or society; an anthropologist, sociologist, or psychologist; an American, Japanese, German, and so on—must be willing both to learn and to share with those who have this common interest. It is in this context that we suggest that counselors, regardless of the setting in which they function, can better understand their clients' behavior through the insights gained by studying behavior in the context of other disciplines and cultures. The following is not intended to substitute for such study but only to examine briefly these other perspectives and their implications for counselors.

Sociology

The discipline of sociology is a social and behavioral science that focuses on the study of the individual and society and how they behave and interact with each other. The science of sociology contributes to an understanding of social networks, their impacts on individuals, and roles and relationships within those networks.

Psychology

The discipline of psychology has been the one most closely associated with the profession of counseling over the years. For example, psychology has made significant contributions to the development of counseling theory and processes, individual and group counseling, standardized assessment, and career development and decision-making theories.

The discipline of psychology also has been closely related to the study of school-age groups and their education. Learning theory, developmental theory, group dynamics, and ecological theories have also been significant contributions from the discipline of psychology.

Anthropology

Anthropology focuses on the study of the culture of a society and the characteristics of its social behavior. Anthropology identifies the traditions, norms, patterns of learning, coping styles, and other behaviors, from both current and historic perspectives. Among the understandings that counselors can glean from the study of anthropology are recognizing (a) that different cultures have different and similar concepts; (b) the importance of the ethnic and cultural background of the client; (c) the importance of the ethnic and cultural background of the counselor; and (d) the significance of subcultures within the larger societal or cultural context. Anthropology, when applied to counseling, suggests the importance of understanding a culture in order to effectively counsel clients from that culture.

Economics

Economics is a science that studies human production, consumption, and distribution. It is significant in the creation of status and also influences our wants and shapes many of our behaviors. The impact of economic systems on human behaviors should not go unnoticed by counselors. This includes the recognition of the influence of the socioeconomic level of the family on the self-concept of the developing child.

Interdisciplinary Implications for Counseling

The preceding sections presented a brief overview of perspectives from other disciplines. From these perspectives, implications can be drawn that have relevance to counselors and their functioning in a variety of settings:

1. Counselors must reflect a greater awareness of the various cultures that may be represented within any client population they are hoping to serve.
2. To be effective and relevant, counselors must increase their understanding of the language that is vital to communicating with different cultures, which results from living in one culture and learning in another, the role expectancies of cultures, and cultural biases in schools and other basic institutions that create tensions, hostilities, and distrust among subcultures.
3. Counselors must have an understanding of the social structures of the communities and institutions within which they function. They must also recognize the impact of these and other social structures on how individuals view themselves, their work, education, and other experiences.
4. Counselors must recognize that behavior is a function of an individual's interaction with his or her environment.
5. Counselors must recognize the potential relationships between clients' socioeconomic characteristics and their behaviors and concerns.
6. Counselors should acquire a deeper understanding of the various societal influences on behavior, growth, and development of the individual based on an interdisciplinary approach.
7. Counselors must function more effectively as consultants. In this capacity, the counselor has the opportunity to interpret the social and cultural characteristics of clients and their implications for specific programs and settings.

Guidelines for Human Assessment

Before we examine specific tools and techniques available to counselors for assessing human characteristics, we must first recognize some basic principles or guidelines. These guidelines provide a framework for effectively and professionally functioning in the sometimes delicate task of individual assessment.

1. *Each individual human being is unique, and this uniqueness is to be valued.* Although the principle of individual differences has been eulogized throughout educational and societal circles for the better part of the 20th and into the 21st centuries, in practice constant pressures encourage conformity and standardization. Counselors must not enlarge this gap between principle and practice but should stress the principle that assessment is a means

of increasing understanding of the uniqueness of the individual, a uniqueness that sets everyone apart from all other people, that provides each person with the basis for his or her own personal worth. That uniqueness is to be valued, not standardized.

2. *Variations exist among individuals.* Each person is unique as well as distinct from others. This principle notes that individual assessment seeks to identify, for example, the special talents, skills, and interests of a person and, at the same time, forestall tendencies to generalize from a single or several characteristics of a person, such as “Anyone who excels in math can excel in anything” or “You give me an all-American in one sport and I’ll make him all-American in another.” Nor do we overlook the shortcomings. Although the emphasis of assessment is on the strengths and positive attributes of a person, all of us have our weaknesses—shortcomings that we must recognize if we are to overcome, bypass, or compensate for them.

3. *Human assessment presumes the direct participation of the person in his or her own assessment.* For human assessment to be as meaningful and accurate as possible, the person must be willingly and directly involved. This involvement includes input by the client; feedback, clarification, and interpretation, as appropriate, by both the client and counselor; and evaluation by the client. This principle presumes more than the client’s one-way feeding in of data, such as taking a standardized test or completing a questionnaire. It assumes her or his right to interpretation and response to that interpretation. It presumes the client’s right to clarify and expand his or her response and, as others come to know the client better, to gain better understandings of herself or himself.

4. *Accurate human assessment is limited by instruments and personnel.* The effective utilization of assessment techniques is dependent on a recognition of the limitations of instruments and personnel as well as acceptance of their potential. These limitations begin with the human element—ourselves, our knowledge, and our skill in the techniques we would use. Counselors should not under any circumstances use assessment techniques, including standardized tests, for which they have not been thoroughly trained. Additionally, the limitations of clients in responding to individual items, as well as instruments, must be taken into account. These limitations may include an unwillingness as well as an inability to respond. In addition to these human elements, counselors must consider the limitations of the instruments. These include an awareness of the particular shortcomings unique to a given instrument or technique and the general recognition that any of these provide at best only a sample, only clues, not absolutes, and results that may vary among similar instruments and techniques.

5. *Human assessment accepts the positive.* A goal of human resource assessment is the identification of the potential of each person. It is a positive process that, as noted previously, seeks to identify the unique worth of each person. Assessment can lead to the identification of worthwhile goals and positive planning. It should be a process clothed in optimism rather than, as so often is the case, fear of outcomes and predictions of doom. The counselor’s own attitude becomes important in establishing a positive environment for assessment and in using results for clients’ best interests.

6. *Human assessment follows established professional guidelines.* It is important for counselors, and all other helping professionals who use human assessment techniques, to be aware of the relevant ethical guidelines established by their professional organizations. These

guidelines are aimed at protecting both the client and the professional practitioner. Ethical standards for counselors, which address assessment as well as other aspects of practice, are presented in Appendices C, D, E, F, and G.

DOING WHAT COMES NATURALLY: OBSERVATION

On any given day most of us are the subjects of informal analysis by others and vice versa. These analysts are not among the handful of psychiatrists, psychologists, or counselors with whom we may be acquainted, but they are amateurs doing what comes naturally: observing their fellow human beings, both friend and stranger, and drawing some conclusions based on what is observed about the kinds of persons they are. Depending on what we see and how we interpret it, we may variously categorize people as executive types, models, drifters, untrustworthy, fun loving, and so on. Furthermore, we are often prone to defend or validate our observations by noting “I knew there was something that just didn’t look right about her” or “You could tell he was a real athlete by the way he walked” or, on other occasions, calling on old clichés (many of which are sexist) as backup evidence, such as “Just another dumb blonde” or “Watch out for those fiery redheads.”

When we make observations *au naturel*, we are, in effect, studying behavior as it is occurring in real life. Although we must recognize—and we will help you to do this—the weakness of the uncontrolled observation method, we must at the same time recognize that many important questions about a person’s natural social behavior cannot be determined through a controlled or clinical approach, much less be measured by standardized instruments. Counselors are also being encouraged to adopt an ecological perspective that suggests the study of behavior intact within the natural setting of the person being observed. As we begin an examination of the various techniques counselors use for gaining a better understanding of their clients, let us start with the most natural and popular of all these techniques: observation. As previously noted, we all employ this technique to varying degrees in drawing conclusions about others, but this is not to suggest that all observations are equally useful for human assessment. As a basis for classifying the differing approaches to observation, we make the following points.

Forms of Observation

There are three basic approaches to observation. One, as noted, is reality observation, when we observe clients’ behavior as it is occurring in a natural setting. Two is the sampling approach, when we sample the behavior of the individual whom we wish to assess. Three is the experimental approach, when we impose specified conditions on the client or clients being observed.

Observations may also be classified by the level of sophistication and training required.

Level 1: A casual observation, generally unstructured or unplanned, that will give informal impressions. This level requires little or no training.

Level 2: Observation that is planned for a specific purpose. At this level, observation is not only planned but is guided by observation instruments, such as checklists and rating scales. Some training is desired.

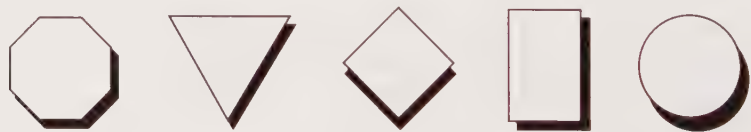
Level 3: Clinical level. At this level more sophisticated techniques are utilized and observation is usually under controlled conditions and conducted over a long period of time. Observers are usually trained at the doctoral level. This is usually the level at which mental disorders are diagnosed.

The American Psychiatric Association's most recent effort to categorize mental disorders, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (*DSM-IV-TR*) (American Psychiatric Association, 2000) is frequently used as a guideline for diagnosing mental disorders. This manual contains authoritative information and "official opinions" about the range of mental problems. It provides counselors with a source of standardized terminology with which they may record assessments and communicate with other mental health specialists. The *DSM-IV-TR* is also frequently used to satisfy the demands of insurance companies. The process of differential diagnosis identified with the *DSM-IV-TR* is a complex one that requires extensive study and preferably supervised practice. (The *DSM-IV-TR* is discussed in greater detail later in this chapter.)

Common Weaknesses of Observation

It has been said that "Anticipation is a wonderful thing. It often ensures that we will see what we want to see whether it is there or not." Because observation is a technique we all use frequently, it is only natural that we assume we are reasonably accurate in our observations. However, this is a misleading assumption. Observation can be one of the most abused techniques in human assessment. Let us therefore proceed to examine some of these abuses or common weaknesses, followed by suggestions for increasing the effectiveness of this valuable assessment technique.

One of the popular questions on the written examinations for drivers' licenses in many states is to ask the applicant to identify, by shape only, the meaning of the various traffic signs. Perhaps you would like to pause and test your recall of these signs, which all of us see every day:



Now compare your responses to the following answers: stop, yield, warning, information, railroad. How did you do? For many at least, this points up one of the glaring weaknesses in undirected observation:

Casual observations do not lend themselves to consistent accurate recall. Envision yourself on the witness stand in the classical courtroom scene in which you are matching wits with the prosecuting attorney. In a fine "You are guilty" voice, the prosecutor asks, "Who were the first three people you observed on the morning of October 13 a year ago?" Some witnesses might have their recall saved by habit (the wife and kids) or a special event (the minister, a best friend, or my future in-law), but most would have difficulty recalling with accuracy and certainty the first three people they observed on that fateful day, and they would have even more

difficulty in accurately describing what they were wearing. Although most of us have confidence in our ability to accurately recall what we have observed in the past, courtroom witnesses, witnesses to accidents, observers of historic or sensational events, and even news reporters are so frequently wrong as definitely to suggest that we are not so accurate in our recall of the past, especially the details, as we often assume. Another weakness of undirected observations, then, would be this:

Complete and accurate recall of undirected or casual observations tends to decrease with the passage of time. Now assume that you are a devout sports fan. Your favorite team is involved in a close game in the final minutes when an official calls a penalty that could conceivably cost your team the game. Regardless of how flagrant that offense or the call, it would be highly predictable that you, and those supporting your team, would have observed the call differently from the officials and the supporters of the other team. An impartial witness would note that different observers were viewing the same situation differently. Similar illustrations may occur when two different observers describe the same western desert scene as “a beautiful blending by nature of sand, greenery, and lovely hills” and “a wasteland of sand and drab plants running into bleak mountains.” All of us have experienced the discrepancies that often occur between how someone describes a boyfriend or girlfriend and how the same person appears to us. The point is that people differ in how they view the same event, person, or place, and also in the details they observe. We would note this as another weakness in casual and informal observations for assessment purposes.

Similar observations will be viewed differently because each person has his or her own unique frame of reference for interpreting what he or she sees. These and other shortcomings suggest that undirected and casual observations of our clients may result in incomplete, misleading, or erroneous assessments. The values and opportunities of observation in client analysis are recognized, but some guidelines and instruments must be developed for increasing the accuracy and effectiveness of this technique. Following are some guiding principles for client analysis through observation, followed by a discussion of some useful instruments for reporting and recording our observations of others.

Guidelines for Client Analysis Through Observation

1. *Observe one client at a time.* Observation for individual analysis is just that: it focuses on the person. We are intent on noticing every observable detail of client behavior that may be meaningful in the counseling context. This is just as desirable an objective when observing people in external group settings as in the more restricted setting of the counseling office.
2. *Have specific criteria for making observations.* We observe our clients for a purpose. We are watching for characteristics of the person appropriate to this purpose. These provide a basis for the identification of specific criteria, which in effect tell us what to look for. For example, if we are observing young persons for the purpose of determining their relationships with adults, we might decide to specifically observe two criteria or characteristics of this relationship: interactions with teachers and interactions with parents. Of course, it is important that the criteria we use be appropriate to our observational objectives.

3. *Observations should be made over a period of time.* Although there is no specific time-span formula for conducting observations, they should take place over a period that is long and frequent enough to establish the reliability of our observation. A single sample of behavior is seldom enough for us to say with certainty that this is characteristic of the person. An illustration of this principle is to recall how your later impressions of people often differ from your first impressions, once you have had the opportunity to observe them over a period of time. Also, although concentrated periods of observation may be appropriate, the amount of observational time should not be confused with the span of time over which observations take place.
4. *The client should be observed in differing and natural situations.* Natural behavior is most likely to occur in natural situations. Although these situations vary somewhat among persons, for most youth, the school, home, neighborhood, and favorite recreational locales will be natural; with adults, the place one works will replace the school. Even within these natural settings, people will behave differently but naturally in different locales. For example, a student in school may behave differently in the classroom, the cafeteria, the gym, the hallways, and on the playground. If possible, therefore, clients should be observed in those settings and situations that are typical for them. Furthermore, this means a reasonable variety of those settings. For example, a school-age youth may behave one way in a certain class at school, behave another way in other classes, and exhibit completely different behavior in social recreational settings. An adult may behave differently on the job and at home and differently again in other social settings. Observing in these different settings may help us determine whether some behaviors are limited to or conditioned by specific environments or situations.
5. *Observe the client in the context of the total situation.* In observation for human analysis, it is important to avoid a tunnel-vision approach, or one in which we are so intent on visually observing just the client that we may miss noting those interactions and other factors in the setting that cause the person to behave the way he or she does. An example might be a classroom situation in which we observe that at the conclusion of nearly every math class, Nancy always leaves in tears, but we fail to observe that her classroom neighbors Joseph and Jamal appear to tease her throughout the class every day. We have observed the results but not the cause.
6. *Data from observations should be integrated with other data.* In individual analysis it is important to bring together all that we know about our client. Because we are seeking to see the client as a whole person, we would combine the impressions we gained from our observations with all other pertinent information available to us. The case study technique used by most helping professionals illustrates this point of integrating and relating data before interpretation.
7. *Observations should be made under favorable conditions.* Anyone who has tried to witness a parade from three rows back or to watch a key play at a game when the crowd in front jumps up can bear witness to the importance of favorable conditions for making observations. In planned observation we want to be in a position to clearly view what we are planning to report. Ideally, we should be able to conduct our observation for a sufficient period of time without either obstructions or distractions. Attitudinal considerations are also relevant to creating favorable

conditions for observation. These include an approach that is free from bias toward the client, any projections of expected behavior, or the permitting of one trait to predict another. It is just as important to have a clear psychological viewpoint for observation for individual analysis as it is to have a physical one. We should also be alert to another form of bias that may occur when the person being observed modifies her or his behavior because she or he is aware of being observed.

OBSERVATION INSTRUMENTS

A variety of instruments are available to counselors for use in recording their observations. Most are designed to eliminate one or more of the common weaknesses of undirected or casual observation. They provide a means of recording and preserving an impression of what was observed—an impression that is as accurate a year later as when it was initially recorded. Additionally, many instruments for reporting observations (checklists, rating scales, observation guides) provide specific directions or traits to guide the observer. Some instruments such as rating scales also provide for some degree of discrimination among the traits observed. Because many of these instruments include definitions or descriptions of their items that users are to accept and follow, they can also form a mutual frame of reference that may promote some consistency among observers viewing the same subject. The most popular of these instruments are rating scales, checklists, inventories, and anecdotal and observation reports.

Rating Scales

Rating scales, as the name implies, are scales for rating each of the characteristics or activities one is seeking to observe or assess. They enable an observer to systematically and objectively observe a person and record those observations. Although such scales are not limited to the recording and evaluating of observations, those are the common and popular uses of the instrument.

Rating scales have long been valued as observation instruments by counselors. They are useful as a means of focusing on specific characteristics, increasing the objectivity of the rater, and providing for comparability of observations among observers. Also, they are easy to use.

Designing a Rating Scale

Although commercially designed rating scales are available, counselors may find it more desirable under most circumstances to design their own. A good self-designed scale will be more appropriate for both the situation and the rater or raters, can be revised if needed, and, of course, is economical. The potential of any rating scale, however, is first determined by its design. There are five steps in designing a rating scale.

Determine the Purpose(s). An obvious initial step is to determine the potential population and the purpose of the observations or ratings. Usually, the purposes or objectives of such an instrument should be limited in both number and scope. This tends to prohibit the development of scales that are too lengthy and overlapping and that discourage user completion. Scales that are clear, concise, and directed toward limited and precise objectives also increase the likelihood of accurate responses.

Identify the Items. Once the purposes or objectives of the scale have been established, the developer next identifies appropriate criteria or items to be rated. These items should be clearly and directly related to the objectives of the observation. Also, they should be easy to understand, observe, and assess.

Identify the Descriptors. Although there is often a subtle difference between items and descriptors, it is important to honor this difference. Items may not be ratable, so descriptors are used to effect a transition between an identifying item or statement and an objective description. An example of an item could be “appearance,” and an example of a descriptor could be “neat and well-groomed at all times.”

Identify Evaluators. As the label implies, evaluations or ratings in some kind of a scale are an anticipated characteristic of this particular technique for making and reporting observations. A variety of options can be used for this purpose, such as the number of intervals or points on the scale, the defining of the evaluators, and deciding whether to provide space for comments.

Determine the Format. A part of the format will be determined by the identification of evaluators, as described in the previous step. Additionally, related items are usually grouped together; the length—not too long—and the directions for completion will all be items to attend to in determining the final format for the instrument.

Limitations of the Rating Scale

Limitations in using rating scales are basically those to which all instruments administered and developed by humans are subject—the limitations of the instrument and the limitations imposed by the user. The most common instrument limitations are (a) poor and unclear directions for use of the scales, (b) inadequately defined terms, (c) limited scales for rating, (d) items that tend to prejudice how one responds, (e) overlapping items, and (f) excessive length.

The limitations that raters impose are equally prevalent and can be even more serious, because they can distort or misrepresent the characteristics of a person. The following are common examples:

1. *Ratings made without sufficient observations.* Many raters have an apparent need to complete all the items on a scale and, as a result, will take a stab at items with which they are unfamiliar. Others, in their haste to complete the scale, will make a rating on the basis of limited observation.
2. *Overrating.* There is a growing conviction among those who frequently use rating scales that overrating is a common practice among raters. For example, a recent review of rating scales used in conjunction with admissions to graduate work in a Big Ten university revealed that all 324 candidates were rated “considerably above average” or higher in three categories: appearance, social skills, and leadership.
3. *Middle rating.* Another group of raters appears to play it safe by using only the average or middle categories on a scale, thus avoiding extremes of either high or low assessments. Such ratings tend to misrepresent everyone as being just about average in everything.

4. *Biased ratings.* In addition to personal bias, bias may occur in ratings when raters permit one item that they particularly value or emphasize to set a pattern for the rating of other items.

Although the focus of this discussion has centered on the utilization of rating scales in reporting observations, such scales are not limited to only this application. Rating scales are also used extensively by counselors and others for performance ratings, evaluations (both personal and institutional), and measurement of attitudes, aspirations, and experiences. Example 7-1 is a rating scale for identifying potential school dropouts.

EXAMPLE 7-1 Developing the Rating Scale

The Beatty-Tingley High School has a history of high incidence of pupil dropout before graduation. The problem has become particularly severe in the past 3 years, and various remedial efforts have had little effect. The school board has therefore determined that a concerted effort will be made to identify potential early leavers and then to design possible preventive measures. The counseling staff has been requested to design an instrument that will lead to the identification of these potential early leavers through the observation of certain behavioral traits. They proceeded to develop a rating scale by first stating the purpose as follows:

Purpose

1. To identify potential dropouts

Following a review of relevant research, the counselors agreed on four possible criteria of potential school leavers:

1. Interest in school
2. Relations with peers
3. Relations with teachers
4. Coping styles

Having identified criteria, they next had to agree on descriptors appropriate for the designing of items on the rating scale. These were determined to be as follows:

1. *Interest in school:* attention in class, participation in class activities, preparation for class
2. *Relations with peers:* frequency of interaction with peers, nature of interaction with peers, attitude of peers, friendships with peers
3. *Relations with teachers:* frequency and nature of interaction with teachers, attitudes toward teachers, attitudes of teachers
4. *Coping styles:* problem-solving skills, dealing with frustration and failure, work habits

They then began designing the rating scale. The first items were designed to assess the interest of students in their classes.

Interest in School (check most appropriate category)

Class attention:

Consistent and general alertness to ongoing activities in the subject matter class	Never	Rarely	Sometimes	Usually	Always
	Comments:				

Class participation:

Quality of participation: knowledgeable and appropriate contributions and interactions	Poor	Below Average	Average	Superior	Excellent
	Comments:				

Frequency of participation:

	Never	Seldom	Occasionally	Often	Always
	Comments:				

Preparation for class:

Readiness in terms of reading and other assignments for meaningful participation in class	Never	Seldom	Occasionally	Usually	Always
	Comments:				

Checklists

Another instrument that may be used for recording observations is the observer checklist. This instrument is typically designed to direct the observer's attention to specific, observable personality traits and characteristics. It is relatively easy to use as it not only directs the observer's attention to certain specific traits but also provides a simple means of indicating whether those traits are characteristic to the person being observed. Unlike the rating scale, the observer checklist does not require the observer to indicate the degree or extent to which a characteristic is present. Figure 7-4 shows an example of a simple form of a checklist.

Inventories

Self-report inventories are also a popular technique for acquiring knowledge about clients. Most inventories consist of structured questions or statements to which the respondents will give an objective response. Counselors will then review the client's responses with the client, often asking the question "Why did you respond as you did to this question?". Inventories may be designed to focus on a single aspect of a client's behavior, or they may be broadly constructed to reflect a range of characteristics. For example, self-report inventories are often used to assess self-concept, study habits, and attitudes.

Observation Checklist

Personal characteristics of _____
(name of student)

Observed by (name or code) _____

Periods (dates of observation) from _____ to _____

Conditions under which student was observed _____

Instructions: Place a check mark in the blanks to the left of any of the following traits you believe to be characteristic of the student.

Positive Traits	Negative Traits
_____ 1. Neat in appearance	_____ 16. Unreliable
_____ 2. Enjoys good health	_____ 17. Uncooperative
_____ 3. Regular in attendance	_____ 18. Domineering
_____ 4. Courteous	_____ 19. Self-centered
_____ 5. Concerned for others	_____ 20. Rude
_____ 6. Popular with other students	_____ 21. Sarcastic
_____ 7. Displays leadership ability	_____ 22. Boastful
_____ 8. Has a good sense of humor	_____ 23. Dishonest
_____ 9. Shows initiative	_____ 24. Resists authority
_____ 10. Industrious	_____ 25. A bully
_____ 11. Has a pleasant disposition	_____ 26. Overly aggressive
_____ 12. Mature	_____ 27. Shy and withdrawn
_____ 13. Respects property of others	_____ 28. Cries easily
_____ 14. Nearly always does his/her best	_____ 29. Deceitful
_____ 15. Adjusts easily to different situations	_____ 30. Oversolicitous

Comments _____

Figure 7-4 Observation checklist.

Anecdotal Reports

Anecdotal reports, as the label implies, are descriptions of a client's behavior in a given situation or event. Such reports are subjective and descriptive in nature and are recorded in a narrative form. Often a counselor will collect several of these reports, which then become an anecdotal record of a client's behavior over a period of time or situations.

Anecdotal Report Form	
Henry H. Higgins High School	
Name _____	Observed by _____
Where observed _____	When: Date _____
	Time _____ to _____
Description	
Comments	

Figure 7-5 Anecdotal Record: Form A.

Design of Anecdotal Records

The format for anecdotal records usually consists of three parts. They are (a) the identifying data recorded, (b) observations recorded, and (c) comments of the observer. This format has several variations, as may be noted by examining three different designs for anecdotal records. Figure 7-5 presents a format that follows in sequence the three parts previously identified. Figure 7-6 alters this format to provide space for comments alongside that are appropriate to particular statements of the anecdotal description. Figure 7-7 provides space for comments of additional observers, if desired.

Anecdote		Return to: Counseling Offices Basile Elementary School
Student's name		
Description of incident observed	Comments	
Observed by _____		
Time _____	Place _____	

Figure 7-6 Anecdotal Record: Form B.

Anecdotal report for	
Name	Date
Situation	
Description	
Comments	
Observer	
Comments	
Observer	

Figure 7-7 Anecdotal Record: Form C.

Using the Anecdotal Reporting Method

The first consideration in anecdotal reporting is the selection of incidents that may be significant to report. Some incidents may be typical of a client's behavior and are relevant for the counselor's or client's better understanding of the client. Other incidents may be so atypical of the client's behavior that their reporting and understanding may be advisable. In some situations, a series of anecdotes reporting similar behaviors over a period of time would increasingly suggest that the observed characteristics are typical of the client's behavior. Different observers making similar observations of a client's behavior on a specific occasion, or over time, would have similar implications. Also, anecdotal reporting covering a period of time may identify trends or changes in client behaviors.

In school settings, teachers may be encouraged to use anecdotal reports in calling counselor attention to students who may need their assistance or in contributing to case studies or just a better understanding of individual students. Example 7-2 illustrates uses of anecdotal reporting in school settings, as well as the counselor's interpretations of these reports. Example 7-2 also illustrates how a series of anecdotes can lead to the identification of a student in need of counseling assistance. In some situations, however, even a single anecdote is enough to alert the counselor to a person in need of assistance.

EXAMPLE 7-2 Uses of Anecdotal Reporting in School

Student's Name:	Therese
Incident 1:	Mr. Michael
Reported by:	History teacher
Date:	January 16 (Monday)

Therese was not herself in class today. She usually is very active in the class discussions and always responds to questions when no one else seems to have the answer. However, today she sat quietly in her seat. At one point, when the discussion

- was bogging down, I called on Therese as always, asking her “What were some of the factors that kept the United States from joining the League of Nations after World War I?” I could barely hear her response, but I thought she said, “Who cares?” and then in a louder voice that bordered on breaking into tears, “I’m sorry, I don’t know the answer.”
- Teacher’s Comments: Therese is one of my more mature and capable students. Something is upsetting her, and it would be helpful if a counselor could talk with her.
- Student’s Name: Therese
Incident 2: Ms. Chevez
Reported by: Chemistry teacher
Date: January 18 (Wednesday)
- For the first time in the 2 years I have known Therese as a student, she has fallen behind in her work in my class. Furthermore, her behavior has been almost disruptive. For example, today, when one of her best friends, Ann, asked her if she could borrow a test tube from her, Therese snapped back at her, saying, “Don’t you ever have enough stuff to do your own assignments? No, I’m not lending you anything anymore!” The exchange obviously was unexpected to Ann, who didn’t exchange another word with Therese for the rest of the period, while Therese seemed to spend most of the period simply staring at her lab book.
- Teacher’s Comments: Something is clearly wrong with this girl. This behavior is not typical at all. She needs to see a counselor.
- Student’s Name: Therese
Incident 3: Mrs. Kemp
Reported by: Physical education teacher
Date: January 19 (Thursday)
- Today, Therese approached me before my fifth period in which she is enrolled and said, “Mrs. Kemp, I am quitting the gymnastics team and I don’t want to talk about it.” When I put my arm around her and said, “That’s OK, Therese, I hope you’re all right,” she broke into tears and said, “I’ll never be all right again!” and then ran into the locker room. I decided to leave her alone and didn’t follow up on our conversation at this time.
- Teacher’s Comments: I have noted for the past couple of weeks that Therese hasn’t seemed to be herself, but today things seemed to explode. I don’t know what the difficulty is, but I do intend to follow up on her problem, whatever it may be, when I see her next week. Do you have any suggestions?

In this situation it is obvious that the school counselor, by the end of the week, is able to put together a picture of a young lady who is clearly upset. Although there are no

indications of cause in the incidents described, the counselor has sufficient reason to either call in Therese or, through consultation with Mrs. Kemp, attempt to provide her with appropriate help.

The previous discussion illustrates how a series of anecdotes can lead to the identification of a student in need of counseling assistance. In some situations, however, even a single anecdote is enough to alert the counselor to a person in need of assistance.

Advantages Versus Disadvantages

Because anecdotal reports are designed to describe subjectively what has been observed, they become more lifelike than more objective measures. They present a broader, more complete viewpoint of a situation, which at the same time avoids the bleakness of the more quantitative or objective methods of reporting.

The major limitations of anecdotal reporting are those imposed by the observer-reporter. Most common of these are the reporting of feelings about rather than actual behavior of the person observed. The tendency to read in biases or expectancies can result in misleading reports. Overinterpretation or misinterpretation by inexperienced observers are not uncommon. Reporting insignificant, rather than meaningful, behavior can also limit the usefulness of anecdotal reporting.

Situational Observations

Situational observations are utilized to study the behavior of individuals in structured situations. For example, a group might be given a problem situation but no leader is designated. The group is then observed to see how a leader might emerge, who it will be, and how the different members react. Schoolchildren might be observed in a study situation in which the instructor observes the individual for an announced period of time. Workers on the job might be observed with and without supervision.

Behavioral Charting

Another form of recording and reviewing observed behavior is behavioral charting or tallying. In this technique a particular behavior is observed (e.g., disturbing others, leaves work station, laughs without apparent reason) over specific time periods to determine how frequently it occurs. Figure 7-8 illustrates a reporting format for this technique.

Instrument Selection

A variety of observation techniques and instruments were presented in the preceding paragraphs. In many situations, counselors and other observers will make a decision about which instrument or instruments are most appropriate for the observation task at hand. They may be aided in determining which type or types of instruments to use by considering the following.

1. Is some direction for recording observation(s) for individual analysis desired? (The answer to this is usually yes or should be.)
2. Is a descriptive or objective report more appropriate?
3. Will more than one observer be reporting observations of the client (or potential client)?

For:	Ima Hummer			
	(Name of Observed)			
Observed by:	R. Whiner			
Behavior observed:	Attracts attention to herself by making disturbing noises during class work period.			
Date(s) and time:	April 6 10 A.M.	April 7 10 A.M.	April 8 10 A.M.	April 9 10 A.M.
Place:	English Composition Class (2-hour class)			
	Times Noted		Total	
Monday	III I		6	
Tuesday	III		3	
Wednesday	III II		7	
Thursday	III		5	

Figure 7-8 Behavioral observation form.

4. Are assessments or evaluations of what has been observed desired?
5. Are comparisons among different clients or between client and other populations likely to be made?
6. Are opinions or impressions—not necessarily facts or factually based information—desired?
7. Does the instrument avoid complex observations and recording methods?
8. Will the instrument make it relatively easy to complete a report in a short time, even if some accuracy or depth of observation may be sacrificed?
9. Will instruments be used by counselors or others who are experienced or trained in their use?

DSM-IV-TR

The most popular diagnostic system in the United States is the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (*DSM-IV-TR*), (American Psychiatric Association, 2000), published by the American Psychiatric Association. Although the manual itself presents a standardized system of recording, the judgments on which these entries are made often will be subjective.

According to the *DSM-IV-TR*, a mental disorder is characterized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual. Further, according to the *DSM IV-TR*, one of the following must be present to diagnose a client as having a mental disorder: distress and/or impairment and/or significant risk. Whether or not clients who present themselves for counseling have mental disorders, the multiaxial diagnosis of the *DSM-IV-TR* offers counselors a way to organize the information they have on clients' symptoms, their physical conditions, their levels of coping, and the stressors they are experiencing.

Five categories, called *axes*, are provided as guidelines for organizing client information, symptoms, physical conditions, levels of coping, and stressors being experienced. The axes and their general categories are as follows:

Axis I	Clinical Conditions Other Conditions that May Be a Focus of Clinical Attention
Axis II	Personality Disorders Mental Retardation
Axis III	General Medical Conditions
Axis IV	Psychosocial and Environmental Problems
Axis V	Global Assessment of Functioning

The mental disorders and conditions covered in the *DSM-IV-TR* are divided into categories as follows:

- Disorders usually first diagnosed in infancy, childhood, or adolescence (excluding Mental Retardation, which is diagnosed on Axis II)
- Delirium, dementia, and amnesic and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual and gender identity disorders
- Eating disorders
- Sleep disorders
- Impulse-control disorders not elsewhere classified
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

According to the introduction of the *DSM-IV-TR* (2000):

Most of the proposed literature-based changes were in the Associated Features and Disorders (which includes Associated Laboratory Findings); Specific Culture, Age, and Gender Features; Prevalence; Course; and Familial Pattern sections of the text. For a number of disorders, the Differential Diagnosis section also was expanded to provide more comprehensive differentials.

Counselors use the *DSM-IV-TR* for assessing and categorizing client disorders. (Most insurance companies require such assessment for the purpose of reimbursement.) Counselors using the *DSM-IV-TR* should have special preparation and supervised experience.

SELF-REPORTING: THE AUTOBIOGRAPHY AND OTHER TECHNIQUES

We have been discussing observation techniques for client assessment. In such techniques, clients may be aware of their being observed, but rarely are they direct participants in the process.

Some of the most valuable techniques for human assessment for counseling purposes are those that call for the active involvement of the client. These techniques not only provide special insights for counselors but also can be valuable to clients as they engage in the process of guided self-assessment. The use of such techniques as autobiographies, self-expression essays, structured interviews, and questionnaires can facilitate both counselor and client understanding of the client's strengths, weaknesses, and uniqueness.

The Autobiography: A Popular Genre

The autobiography has been one of the most popular forms of literature since its inception. Humankind has consistently been interested in the personal view people have of their own life experiences. Additionally, almost everyone, famous or obscure, has at one time jotted down a personal view of his or her life's experiences. Some hope for publication; others only write for personal satisfaction. For the majority of those feeling compelled to examine and set down in writing life's experiences, it is unlikely that the desire will coincide with a need for counseling. Nonetheless, the autobiography, even when it represents a nonvoluntary effort, can be a useful source of information to the skilled counselor. Example 7-3 provides guidelines for preparing an autobiography. Figure 7-9 provides a form for conducting an autobiographical review.

EXAMPLE 7-3 Guidelines For Preparing an Autobiography

Purpose

1. To provide you with an opportunity to experience the planning, organizing, and writing of your autobiography
2. To provide you, the writer, and me, the reader, with opportunities for increased understanding, insights, and appreciations of you, the writer

Each writer may develop and work to an outline that suits his or her own style. The emphasis and detail that you give any period, event, or person will be whatever you determine as appropriate. The following are *examples only* of outlines and topics that might be appropriate for inclusion in an autobiography. (*Note:* I will be the only reader of your autobiography and will, of course, regard its contents as confidential.)

Example A

Part I	My preschool years My family, where I lived, early memories, friends, likes and dislikes
Part II	My school years Elementary, junior, senior high school, college, teachers, friends, subjects liked and disliked, activities, significant events, experiences, travels, concerns, and decisions
Part III	My adult years Where I lived, work experience, friends and family, travels, hobbies, continued education, concerns, and decisions
Part IV	The current me
Part V	My future plans

Example B

1. Significant people in my life
2. Significant events and experiences in my life
3. Significant places in my life

Example C

Start your autobiography as far back as you can remember—your earliest childhood memories. Tell about those things that really made an impression on you, that stood out in your memory, whether happy or sad. Try to include those events that you believe have affected your life, such as moving to another city or entering junior high school. As you write about the event, try to show how the event affected you, what people have truly influenced your life the most, and how they affected the way you feel and act today. Mention your hopes and plans for the future—what you hope to be doing 10 years from now, for example.

When a counselor desires that a client emphasize a certain aspect of his or her life's experiences, that should be indicated to the writer.

Self-Expression Essays

Another useful technique that counselors may want to employ on occasion is the self-expression essay. This technique seeks to solicit the client's response, usually in a short, written essay form, to a particular question or concern. The objective of this technique is to elicit spontaneous, uncensored responses to a topic or topics relevant to the counseling needs of the client. Examples of appropriate topics would include these:

- My biggest concern is . . .
- I'll bet you don't know that . . .
- I value . . .
- My future plans are . . .
- My job is . . .

Autobiography of _____
When written (date) _____
Required assignment _____ Other _____
Reviewed by (date) _____
Purpose _____
Significant events _____
Periods or topics omitted _____
Periods or topics overemphasized _____
Possible distortion _____
Other comments _____

Figure 7-9 Autobiographical review form.

It should be emphasized that such documents can elicit positive responses as well as descriptions of possible problems or concerns. Example 7-4 illustrates a positive response.

EXAMPLE 7-4 A Self-Expression Essay: My School Problem

My school problem is that I have no problem! Look at us! We have a beautiful school and, just my luck, a great faculty. We can't seem to lose more than once or twice a year in any sport. The greatest gang of kids go here and the crowning blow—even the food in the cafeteria is edible. So I have a problem because I'm a natural born griper—I'm at my best when I can complain—I have a feeling of accomplishment when I can point out the

weaknesses of others. I used to have a field day before I came to Lee Street High. Now I'm dejected because I'm not rejected.

To help solve my problem I suggest that:

1. The students get busy and deface the school, mark up the restrooms, pull out the shrubbery, and all the other things that make a school more homelike.
 2. The faculty get busy telling us how stupid we are, that they quit treating us like humans (I actually feel superior to my dog now), and that they get back in the old game of teacher versus student to the bitter end.
 3. Our teams lose a few more games, and that our coaches get rid of their coats and ties and wear baggy sweatshirts and swear loudly at the officials so they won't be mistaken for ladies and gentlemen, and that our student body do something pronto to get rid of that disgraceful "good sportsmanship" trophy.
 4. The students start forming cliques, avoid welcoming newcomers, and in general act more like adolescents than young adults. Oh, yes, we need a few more "kookie" dressers also.
 5. Finally, the school cafeteria manager go copy the menus and recipes from some other schools (mashed potatoes should always be served cold, and lumpy gravy should taste like glue, and fried chicken should be served stringy and dried out).
-

The Self-Description

The self-description is another client participation tool that enables the counselor to see the client through the client's eyes. The person is requested to "paint a picture of yourself in words," in one page, if desired.

Such a portrait may share whatever aspects the client wishes to have the reader know. It is usually desirable to do this in the early stages of counseling to give the counselor an additional means of getting to know the client. This differs from the self-expression essay because the self-description is a person's view of himself or herself, as indicated in Example 7-5; conversely, the self-expression essay may describe an individual's attitudes toward activities, events, and beliefs.

EXAMPLE 7-5 Excerpts From Self-Description Essays

Sample 1

I would describe myself as a pleasant and amiable person. Others remark about my easygoing manner and happy-go-lucky personality. Honesty is a virtue I hold very dearly, and I perhaps trust others equally, thinking that they have my virtues.

My mother had always taught me that I should be conscious of others' feelings and do my best to please them. I went for many years applying this philosophy, yet found that others were not as conscious of my feelings. This led me to be hurt and used by others emotionally and mentally. I had to almost retrain myself to believe that thinking of myself was not altogether selfish and at times is the only way to think in order to lead a happy life.

Counselor's Notations: The counselor would no doubt notice the section of this self-description that indicates the client has been hurt and used by others emotionally and mentally. Also of interest to the counselor is the client's statement "I had to almost restrain myself to believe that thinking of myself was not altogether selfish."

Sample 2

I believe that a person should not be too overtly predictable but should possess a consistency of covert thought and feeling. I do not mean to say that I delight in the misconceptions of those who wish to categorize or predict the responses of others. I am not one to purposely masquerade, or, for some reason, to mislead those I work or come in contact with. But oftentimes an unpredictable action, comment, or response will reveal or trigger a surprising reaction on the part of an eager conversationalist. I do not become close to many and am not always patient enough to seek out the best points of my peers or colleagues. My point of view has been said to be too sensitive at times, but I like to think that my increased sensitivity allows me to take a deeper breath of life and enjoy what beauty I may sense.

I am idealistic, serious, extremely concerned about those who need help, and a good listener.

Counselor's Notations: The counselor reading this self-description might note the fact that the client keeps his or her distance from colleagues and is considered at times to be overly sensitive. This self-description is of interest, too, for the writer's description of interactions with his or her peers.

Self-Awareness Exercises

Many persons pride themselves on their self-control, on being able to put their feelings aside and deal in a practical manner with the situation at hand. Others simply find it difficult to express their feelings openly to others, as, for example, the often dramatized shy young man who never can work up the courage to tell his true love that he cares for her. At the other extreme we can identify those who may express their feelings openly in such a way as to be harmful to their personal relationships with others. Even in these extremes, they are often unaware of how their expressions of feelings and emotions may be handicapping rather than helping their relationships with others.

Self-awareness exercises are designed to help people become more aware of their feelings, emotions, and values as a step toward more effectively expressing their emotions, feelings, and values. Examples of self-awareness exercises are Exercises 7-1 and 7-2.

EXERCISE 7-1 Self-Awareness Exercise

This exercise is designed to help you increase your awareness of how the expression of feelings/emotions affects your relationships with others. There are no right or wrong answers, so you should react to each statement as honestly as you can, recognizing that "who" and circumstances might alter your response in actual situations.

Use the following scale:

- 1 = Very annoying
- 2 = Somewhat bothersome
- 3 = Doesn't usually bother me
- 4 = Feel okay
- 5 = Will probably feel very positive

Indicate in general how you feel about persons who

- 1. Shout at you in anger. _____
 - 2. Slap you on the back in greeting you. _____
 - 3. Cry in your presence when reading a "sad" book or newspaper item. _____
 - 4. Talk in a very loud voice when they are frustrated or upset. _____
 - 5. Laugh easily and often. _____
 - 6. Are silent and moody when they are mad. _____
 - 7. Are silent and moody when they are sad. _____
 - 8. Are silent when they are disappointed. _____
 - 9. Become emotional whenever things go wrong. _____
 - 10. Become emotional whenever something nice happens to them. _____
 - 11. Never show any emotions. _____
 - 12. Are inconsistent in their open displays of emotion. _____
-

EXERCISE 7-2 Self-Awareness Exercise

Indicate how you usually manage your emotions using the following scale:

- 1 = Express my feelings openly
 - 2 = May express my feelings openly to close friends or family
 - 3 = Would modify my expression of feelings so that they would not convey the real intensity of the emotion I'm feeling
 - 4 = Would keep my feelings to myself
-
- 1. I think something is funny, but I doubt that others may see it that way. _____
 - 2. I am very disappointed at not achieving a level or a goal I had hoped to. _____
 - 3. I am very angry as a result of a great inconvenience caused me by the actions of another person. _____
 - 4. I am frustrated by unnecessary delays and "red tape" in completing an assigned task. _____
 - 5. I am awarded a great and unexpected honor. _____
 - 6. I am saddened by a close personal loss. _____
 - 7. I am a participant in an exciting activity. _____
-

In reviewing your responses to the items listed in Exercises 7-1 and 7-2, can you identify circumstances under which emotional expressions directed at you by others or your own emotions affect how you interact with others?

Diaries and Daily Schedules

As with the autobiography, many of us have kept a diary from time to time. We may recall how we bared our soul in those secret pages, often protected with a little tin lock, that if reread today might help us better understand some of our present behavior and attitudes. Probably today's clients are no more willing than their predecessors to share such recordings, but when a client willingly maintains and shares diary entries with the counselor, they can provide valuable insights into understanding the client and his or her concerns. Some clients will find it easier to present some aspects of their behavior and experiences in writing than in oral communication and, if so, the counselor may decide to suggest keeping a diary for a period of time.

Another technique for systematically recording the client's daily activities is the daily schedule. This is a simple listing, usually an hour-by-hour accounting of a client's daily activities. This technique can help the counselor and client understand how the latter is organizing her or his time. Whereas the diary is usually a summary of the day's activities, often with feelings and interpretations, the daily schedule is a more objective presentation of the day's activities. Figure 7-10 presents an example of the less familiar of these two instruments, the daily schedule.

Questionnaires

The questionnaire is an extremely popular nonstandardized instrument with which all of us have had many encounters. Questionnaires appear to be a part of the American way of life because they are constantly used to inventory public reactions, solicit opinions, predict needs, and evaluate a wide range of commodities, services, and activities. This popularity does not, however, belittle their importance as an instrument for the economical collection of data from individual clients or groups of clients.

The questionnaire has a variety of uses for the counselor. In a broad way, it obviously provides an easy way to collect a great deal of information that may be useful in further understanding the client. Also, the questionnaire is a client participation technique that promises opportunities to advance the self-understanding, at least under some circumstances, of those completing it. More specifically, questionnaires may be designed in such a way as to collect specific types of information related to specific needs of the counseling clientele. Questionnaires may also seek information that validates other data already available to the counselor. Additionally, questionnaires can help identify problems of individuals or groups, as well as their opinions, attitudes, or values. Questionnaires are a good way to collect needs assessment data as a basis for establishing program objectives and evaluation data as a basis for program improvement.

The usefulness of the instrument, however, will be determined, at least in part, by the kind of information it seeks to collect, the appropriateness of the questionnaire's design, and the skill of the person who administers it.

In questionnaire design, certain basic considerations must be kept in mind:

1. Specify the purpose of the instrument and give clear, concise direc-

Diary for _____		Week of _____
Morning	Afternoon	Evening
Monday:	12:15–1:00 Lunch in school cafeteria	6:00–7:00 Dinner
6:45 Get up	1:00–3:30 More school	7:00–8:00 Watch TV
8:00 Leave for school	4:00 Get home	8:00–9:30 Study English and history
8:15–12:15 School	4:00–5:00 Loaf around with friends	9:30–9:45 Take dog for walk
	5:00–5:30 Go to store for Mom	9:45–10:15 Study French
	5:30–6:00 Read evening paper, mostly sports	10:45 Bed
Tuesday:	12:15–12:45 Lunch in school cafeteria	6:00–7:00 Dinner
Same as Monday	12:45–1:00 Talk to Mr. Leonard	7:00–8:00 Watch TV
	1:00–3:30 Classes	8:00–8:30 Study English and chemistry
	3:30–4:30 Work on chemistry experiment	8:30–9:00 Watch favorite TV program
	4:45–6:00 Get home, read paper, listen to CDs	9:00–9:30 Study English and chemistry
		9:30–9:45 Phone call
		9:45–10:15 Study French
		10:15 Bed
Wednesday:	12:15–1:00 Bring lunch; eat in Mr. Leonard's class and watch experiment	6:00–6:30 Dinner
Same as Monday	1:00–3:30 Classes	6:30–8:00 Study for history test
	4:00 Get home	8:00–8:30 Watch TV
	4:00–4:45 Study trig	8:30–9:45 Study for history test
	4:45–5:30 Loaf around with guys who come by	9:45–10:00 Walk dog
		10:00–10:30 Study French
		10:30 Bed

Figure 7-10 Daily schedule.

2. *Item design:* Design items that are clear, concise, and uncomplicated. Items should solicit only one response and should be stated in such a way that the responder will not be biased or influenced in how he or she responds. Questionnaire items should also reflect the language level of the anticipated respondents.
3. *Item content:* Questions should be designed to collect the kinds of information appropriate to the assessment purpose of the instrument. However, caution must be taken in eliciting socially sensitive, culturally restricted, or other personal or private information. Even a few such items (e.g., "Would you engage in sexual activity outside of marriage?" "Have you ever thought of committing a crime?") can arouse resentment or suspicions of some respondents that will

affect their responses to the total questionnaire. Although unsigned questionnaires may secure reasonably accurate group responses to a sensitive topic, the counselor will find such unidentified responses of considerably less value in individual counseling.

4. *Length:* A final consideration—obvious but important—is the length of the questionnaire. Often, we receive questionnaires of such length that we are discouraged from even beginning them. Clients and student populations are no exceptions in their reactions to lengthy questionnaires. Such instruments must be of reasonable length if they are to facilitate the data collection for which they are designed.

Structured Interviews

Another basic and popular technique for increasing a counselor's understanding of the client is the structured interview. This approach not only provides opportunities for client observation under certain controlled conditions but, equally important, also enables the counselor to obtain specific information and to explore behavior or responses in depth. Interviews that are structured are usually planned to serve a particular purpose. Once the purpose has been clearly specified, questions are designed that are suitable to achieve the goal or purpose of the interview. These questions are usually arranged in some sort of logical sequence, although the interviewer must be so flexible as to alter both the nature and sequence of the questions as circumstances suggest.

Although the basic principles of counseling apply to the one-to-one interview (see Chapter 4), it is appropriate at this point to note that the interviewing process and setting, to be successful, should be as natural as possible, not anxiety producing. Because the interview setting and process may be comfortable to counselors, they may, on occasion, forget that for the interviewee unfamiliar with either, it can be a frightening experience. Perhaps if you recall your own experiences when called in for an income tax audit by the Internal Revenue Service or when interviewed for a first job, you can appreciate a client's wariness. One must also recognize the possible existence of such human qualities as client forgetfulness, exaggeration, or trying too hard to give the right answer as limitations in some structured interviews.

For an example of a structured interview, let us go again to the Beatty Tingley High School (Example 7-1) and its high school dropout problem. Once potential dropouts had been identified through combining the rating scale with other data, the counseling staff decided to conduct structured interviews with those students who were willing to participate. The purpose of these interviews was to further explore students' views and attitudes about school in relation to their educational and career planning. They then proceeded to structure the interview as follows:

Structured Interview

Give an introduction and explanation of the purpose of the interview, describe how we will proceed, and then answer any questions.

1. First, tell me how it has been going for you in school this year.
What have been the best things about school this year?
2. What have you disliked the most about school?
How do you spend your time when you're not in school?

3. Have you ever thought of dropping out? If so, what would you plan to do then?
How could school be made more enjoyable for you?
4. Let's talk a little about your future. What are your job or career plans?
(Follow up with questions regarding reasons of choice: long-range goals and further education.)
5. Are there any questions you'd like to ask me? Anything else you'd like to say?
6. (Conclude.)

Note that an initial explanation is made of the purpose and procedures of the interview. Also, the questions are structured in such a way as to elicit discussion rather than a yes or no response. Of course, the interviewee is given the opportunity to ask questions or make additional comments before the interview is terminated.

In many agency or clinical settings this process may be referred to as a *diagnostic interview*. In these settings the large number of individuals served often necessitates some form of diagnostic workup. Many agencies will use a separate diagnostic interview, thus removing the diagnostic from the counseling process. As noted previously in this chapter, clinical guidelines such as the *DSM-IV-TR* may be used for this purpose.

Intake Interviews

Initial interviews with clients in agency and most other counselor settings are usually referred to as "intake interviews," and sometimes as "history interviews." (History interviews are designed to collect facts about the client's life in a systematic way.) The intake interview is part of the assessment process, when the counselor is seeking information regarding the client's concerns, current status, and perhaps certain personal traits. An assumption behind the intake interview, according to Cormier and Hackney (2005)

is that the client is coming to counseling for more than one interview and intends to address problems or concerns that involve other people, other settings, and the future, as well as the present. Most counselors try to limit intake interviews to an hour. In order to do this, the counselor must assume responsibility and control over the interview. (p. 66)

A suggested outline by Cormier and Hackney (2005) covers the following major data-gathering topics:

- Identifying data
- Presenting issues, both primary and secondary
- Client's current life setting
- Family history
- Personal history
- Description of the client during the interview
- Summary and recommendations (pp. 66–69)

The Card Sort Technique

The card sort is a technique that provides the counselor with an opportunity to understand a client's knowledge regarding a topic such as career information and what the client's perceptions and preferences may be regarding the topic. Typically, clients are instructed to sort

prepared cards into piles that would be labeled “would choose,” “would not choose,” and “no opinion.” Following the sorting, the counselor may question the client’s choices individually and collectively. While career card sorts are probably the most popular of those available, card sorts have also been developed to explore values, academic majors, and personal skills.

GROUP ASSESSMENT TECHNIQUES

Group guidance and counseling techniques were discussed in greater detail in Chapter 5, but it is appropriate in this chapter dealing with nonstandardized assessment techniques to review briefly techniques for assessing the roles and relationships of individuals in groups. The understanding of our clients as total beings is heavily dependent on understanding their group associations. Groups are a natural form of human association. In today’s world, the hermit is an almost extinct species; persons are no longer rugged individualists, going it alone. Group associations are natural, and all of us belong to many different and diverse groups. For example, some of us may, within a brief period of 24 hours, associate with our family group, our work group, our social recreation group, a civic group, a political group, and a church group. In each of these settings, the roles and relationships are significant in shaping our behavior, both within and without the group.

Also, in many of these groups, an outsider would find it difficult to assess roles and relationships accurately by only a casual observation of the group. Probably you have experienced going to a party, a class, or some other gathering where there are in-group jokes, a history of previous group activities that precluded you, and apparent roles and relationships that you did not understand.

Even experienced group observers such as teachers and counselors find it helpful to use structured assessment instruments on occasion to facilitate accurate understandings of persons in the group setting, as well as the group interactions. The more popular of these techniques include sociometric techniques, Guess Who? techniques, communigrams, and social distance scales.

Sociometric Techniques

Sociometric techniques are basic approaches for the study of social relationships, such as degrees of acceptance, roles, and interactions within groups. Sociometric instruments provide a means for assessing and displaying such information as interpersonal choices made by group members.

Although sociometric devices appear to be relatively easy to devise, administer, and interpret, these impressions are deceiving. In fact, extreme caution and careful planning and analysis should be prerequisites to the use of these methods. In determining the appropriateness of conditions for using sociometric analyses, consider the following:

1. *The length of time the group has been together.* The longer the group has existed, the more likely it is that the data collected will be meaningful.
2. *The age level of the group.* A general rule of thumb is that the older the participants, the more likely it is that the information provided will be reliable.

J. L. Moreno, the acknowledged founder of modern sociometry, hypothesized

that social cohesion develops with age (Moreno, 1960). He reports the cohesion of groups of children up to the age of 6 or 7 to be poor and weak; the cohesion of groups formed by children from age 7 to 8 years to 14 years to be relatively high; and the cohesion of groups formed by youths between the ages of 14 and 18 years to have become stabilized.

3. *The size of the group.* Groups that are too large or too small will provide less valid information. It is also important to remember that all members of a group must be included in any sociometric studies.
4. *The activity provides a natural opportunity to secure responses.* For group members to participate willingly and honestly in sociometric analysis, the group activities should appear logical and meaningful to the members. "What gives every sociometrically defined group its momentum is the 'criterion,' the common motive that draws persons together spontaneously, for a certain end" (Moreno et al., 1960, p. 97).
5. *The group chosen for study should be appropriate to the informational needs of the counselor.* For example, if it is a school counselor seeking to identify the causes of behavior problems in a given classroom, the observation of this same group of students in, for example, a recreational setting outside the classroom would not be as appropriate.

Constructing and Administering the Sociometric Test

From a construction standpoint, the sociometric test or inventory is a very simple instrument. The basic and most important aspect of its construction is the nature of the grouping situation, or criterion, on which it is based; unless the criterion is appropriate to the participants' ages, activities, and actual opportunities for association, the elicited responses will have little sociometric value. More specifically, a criterion or situation must be selected to elicit participants' choices that, when applied, will have practical significance, and to maintain the confidence of those participating, as previously noted, the results must be applied. Examples of school situations that lend themselves well to sociometric studies include assigning students to various committees, setting up small study groups, and organizing class projects. In these cases, and in many others, the selection of associates could appropriately be made by the participants.

When the criterion has been determined, attention must next be directed to the number of choices the participant should make. Although the optimum number of choices has not been determined, it would appear that too few choices would not have the practical values of five or six where, for example, group assignments are to follow. It is recommended that sociometric techniques to be used with school groups contain only positive choices.

Much of the success of a sociometric test hinges upon how well it is administered. The person administering it must be respected and be on good terms with the group members. The actual administration of a sociometric test should be kept highly informal; any resemblance to a typical test situation should be avoided. The instrument itself should never be referred to as a test, nor should the group members be forewarned of its administration (in keeping with sociometric theory, which emphasizes spontaneity as an important aspect of response). For example, in a school setting, sociometric studies are more effective when the teacher merely states without prior or subsequent discussion that the class is going to engage

in an activity (e.g., forming committees to give special reports) that requires small groups to be established, and that students' choices of associates are to be used as much as possible as a basis for grouping. The teacher then adds a statement about confidentiality and about the impossibility of honoring every choice of every student. Finally, the students are instructed to write their names at the top of the blank paper or card each will be given, to number the paper from 1 to 5, and to list in order of preference the names of the students with whom they would like to work.

Cautions in Interpretation

The responses to sociometric questions first should be tabulated and then used to construct a *sociogram*—a graphic depiction of the interpersonal relationships existing in a group at the time a sociometric test is given to its members. A sociometric analysis of group structure requires that a sociogram be constructed. However, if each participant's relative degree of social acceptance is all that is desired, a simple count of the total responses each one receives is sufficient.

As previously noted, sociometric data must be interpreted with a great deal of caution. Sociometric techniques do not analyze or provide interpretations in themselves, but rather they initiate or contribute to the assessment or understanding of persons. It is also important to remember that in many group settings the choices of group members may say more about the choosers than the chosen. We also should recognize that some group members may not want to be chosen; they may prefer to be alone or with a few friends in certain group settings.

Perhaps the easiest of the different kinds of sociograms to make is the one shown in Figure 7-11. This sociogram uses concentric circles in a targetlike pattern, with each student represented by a number. Only mutual positive choices are shown, and preferential

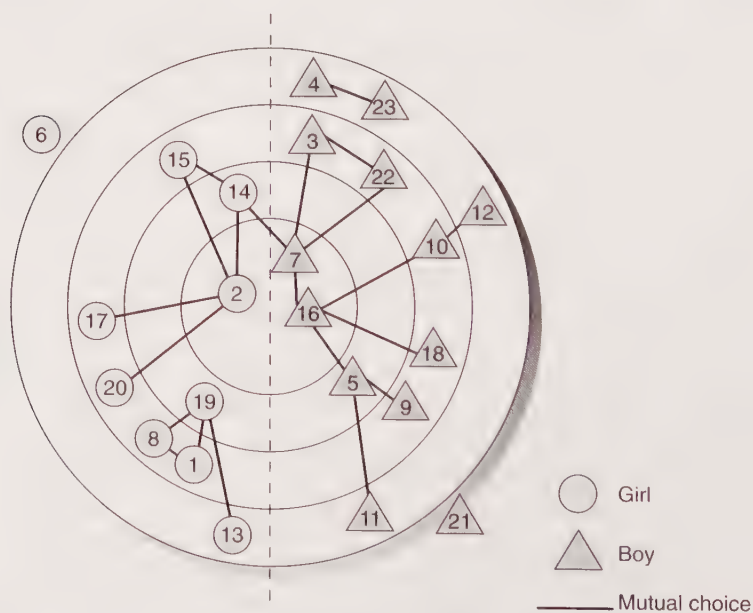


Figure 7-11 Sociogram depicting mutual choices.

rank is not considered. The highly chosen individuals, or sociometric stars, are placed in the small center circle; the sociometric isolates, students not chosen and who choose no one, are placed in the large outer circle; and all other students are placed in the area between the inner and outer circles, with those more frequently chosen placed closer to the inner circle. Sex is indicated by different geometric designs: the males' numbers are placed within a triangle; the females' numbers are encircled. For even clearer differentiation, males are confined to one side of the figure, females to the other.

The "Guess Who?" Technique

Another useful sociometric technique is the "Guess Who?" questionnaire. This technique is best used with relatively well-established groups in which members have had the opportunity to become reasonably well acquainted. It is also most effective when the questions are positive in nature rather than negative. For example, "Who is most friendly?" is a better Guess Who? than "Who is the least friendly?" The Guess Who? questionnaire provides for the association of characteristics or activities with individuals. It can help us understand why some members of the group receive attention, behave in certain ways, or function in certain roles. We may also be able to identify those who are popular with group members and those who receive little, if any, recognition. The Guess Who? instrument is usually designed to collect specific information that counselors, teachers, or other group observers believe would be helpful in working with the group and its individual members. Figure 7-12 presents an example of a short Guess Who? instrument.

Group _____	Date _____
<i>Directions:</i> Write the name of at least one but no more than two persons whom you would identify as most outstanding in your group for the trait or activity listed. Your teacher (counselor, group leader) will use the results from your responses for planning group activities. If you cannot identify a group member for an item, you may leave it blank. It is not necessary to sign your name.	
1. Tells the funniest jokes or stories	_____
2. Enjoys funny jokes and stories the most	_____
3. Is the most friendly	_____
4. Is the most helpful	_____
5. Is the most sincere	_____
6. Can always be depended on	_____
7. Has the best imagination	_____
8. Is a good organizer	_____
9. Is optimistic	_____
10. Is a good leader	_____
11. Has special talents	_____
12. Is generous	_____

Figure 7-12 Guess Who? instrument.

The directions for this technique may be altered to permit participants to list all group members they believe are, for example, funny, friendly, helpful, and so on. The teachers or other group observers may use a simple tally system that notes the total number of times each group member was mentioned for each item. A popular variation in school settings is one in which pupils are asked to assume that the class is going to put on a play. They are provided with a list of characters and asked to nominate classmates who could best portray the roles described. Examples of such characters might be as follows:

The arbitrator. He or she is always ready to try and prevent arguments from growing serious by suggesting compromises. He or she usually can see both sides of an argument and as a result rarely take sides.

The good humor person. She or he is always pleasant and good-natured. She or he smiles a lot, laughs easily, and rarely shows anger.

The story teller. He or she tells a story or describes a situation, real or fictional, in which group members are asked to assign their peers as the different characters. Consider Example 7-6.

Example 7-6 The Guess Who? Technique

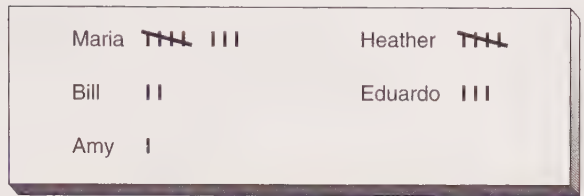
Ron Bakersfield is a new student who has just enrolled in Snow Deep High School. In his previous school, Ron was an outstanding and all-round athlete, a good student, and popular with his fellow students. He is a handsome young man who dresses neatly and cleanly, but on this day he is a bit unsure of himself. He wonders whether his new school-mates will accept him, how long it will take him to get acquainted, who his new friends will be, what his new teachers will be like, and whether he will make the teams.

The school counselor, recognizing Ron as a new student, has called in two of the more popular students in the school to meet Ron and show him around. The first to arrive is Marie Shafer, an attractive, personable girl, who greets Ron with a handshake and a big smile. The counselor suggests to Ron that Marie is known as the “Sunshine Girl” in the school because she is always smiling and has a friendly word for everyone. The next arrival is Craig Brewer, whom the counselor introduces as one of the most popular students in the school and whose hobby is photography. Craig appears also to be pleasant but a bit more reserved than Marie. With an assurance that “We’ll see that Ron gets around,” Craig and Marie usher him out of the counselor’s office.

On the way to his first class, Ron is introduced in quick succession to Raqué, whom Craig and Marie refer to as “Miss Energy”; Tom, a serious student who is taking pilot lessons; Rex, who was introduced as the most interesting storyteller in the school; and Denzel, to whom they gave the label “Mr. Reliable.” At this point, Ron is beginning to feel more at home and more welcome in his new school and already sees the prospect of making some good friends with fine qualities.

After reading this brief scenario, which roles would you assign to Ron, Marie, Craig, Raqué, Rex, Denzel, and Tom?

Figure 7-13 Communigram:
Participation of individuals.



As you may have noted, the Guess Who? technique is relatively easy to use. Scoring is not complicated because a simple counting of the number of individual nominations received for each description will suffice. If both positive and negative descriptors are used, you may subtract the number of negatives from the number of positives received for each characteristic.

Communigrams

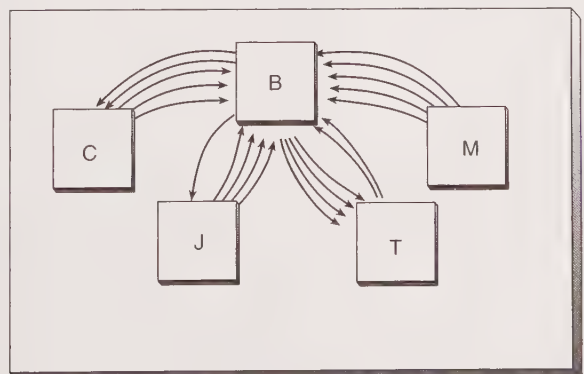
Another aspect of group observation and the group process is an assessment of the verbal participation of its members. This is perhaps the easiest communication pattern to observe and record because, in its simplest form, we are recording who talks and how often they talk over a given period of time. Figure 7-13 charts the number of participations of each member of the group with a tally mark. Each mark represents one communication, usually defined as an uninterrupted statement.

In Figure 7-14, the direction of communication among members is depicted.

Social Distance Scales

Another client participation technique that counselors may find useful is social distance scales. Most of the existing social distance or social acceptance scales devised for use with classroom or other school groups are patterned after the scale devised in 1925 by E. S. Bogardus. The Bogardus scale was designed for measuring and comparing attitudes toward different nationalities—specifically, to determine the degree to which various racial and nationality groups were accepted or rejected. Thus, social distance is usually defined by social psychologists as the distance a person indicates to exist between other persons and

Figure 7-14 Communigram:
Direction of communication
among members.



himself or herself. This distance is usually identified through the reaction to statements that measure and compare attitudes of acceptance or rejection of other people. The statements assessing Tommy Rott provide an example of a social distance scale (see Example 7-7).

Example 7-7 Social Distance Scale

Tommy Rott					
	I would like him as a close friend.	I would like him as a friend.	I would like him as an acquain- tance.	I am indifferent toward him as a friend or acquaintance.	I would prefer not to have him as a friend or acquain- tance.

Other social distance items may be built around choices such as with whom one would like to take trips, study, or go to a dance. The results from social distance scales may indicate a self social distance and a group social distance. The degree of acceptance of the group by a person may be an index of self score and the degree of acceptance of the person by the group would be the group score. Many studies of social distance scales in classrooms have tended to lead to the conclusion that the greatest contribution of social distance scales is in revealing the wide range of acceptance and rejection of any one student in a group. Again, as with many other client participation techniques, there is frequently a tendency to overuse or misinterpret results because of the simplicity of administration. Counselors and other users should be aware that such information does not reveal the why of a person's acceptance or rejection of others. Furthermore, the users of this instrument must determine how they can use negative data, such as indicated group rejection, to the client's advantage.

ECOLOGICAL ASSESSMENT

In recent generations many people have become environmentally conscious. We are concerned with the preservation of our natural resources and environments, the air we breathe, the water we drink, the fruit and vegetables we eat, and so forth. Too, we note the frequency of publications suggesting the best communities in which to live, the best retirement areas, and the most healthy states. All these examples suggest what we already know: that there is an ongoing relationship between individuals and their environments. As early as 1936 Kurt Lewin, in his *Principles of Topological Psychology*, presented the field of psychology with his mathematical formula of $B = F(PXE)$, or behavior is a result of persons interacting with their environment. Whereas this formula would seem to be beyond question, it is only in the 1980s and 1990s that we have noted significant attention being given in counseling literature to this concept and the growing importance of ecological psychology.

Thus, while our traditional models of assessment have led us to focus only on people, we are now recognizing that people cannot be studied as complete entities outside their environments. As Lewin suggested, behavior always occurs in a specific setting. It is in this

context then, and in this chapter discussing nonstandardized assessment, that we examine ecological assessment.

Ecological assessment is concerned with assessing how individuals orient to, operate in, and evaluate their environments. It focuses on how the individual perceives, shapes, is shaped by, and views his or her environments. In this process, counselors seek to understand the characteristics of such significant settings as home, school, community, and, workplace and their impact on the individual, and for certain purposes (e.g., prevention programs, minority relationships), groups of individuals.

All of us seek to optimize our environmental experiences—to find the best environments that fulfill our needs and enable us to achieve our goals. The degree to which we fail to do this will, of course, influence our satisfaction with our lives and mental health. Counselors must become aware of the aspirations of their clients and the degree to which their environments are facilitating or handicapping their achievements.

In assessing an environment, counselors should note such ecological variables as physical, geographical, and meteorological characteristics. They should become aware of the characteristics of the general population as reflected in its norms, values, attitudes, relationships, traditions, and other personal traits.

Counselors should also understand those environments (i.e., behavior settings, such as institutions and agencies) that have control over the behaviors occurring within them as well as those that influence external behaviors.

Ecological assessment would seem to stress the importance of the counselors getting out of the office and into the physical community. This will facilitate an understanding of the environments—the people, agencies, and institutions—with which her or his clients interact.

VALUES ASSESSMENT

An individual's values are an important dimension of his or her personality. Values are classified into the categories of intrinsic values, which may relate to work and contributions to society, and extrinsic values, those that might apply to physical environments and wage earnings. Published values assessment instruments include the Hall Occupational Inventory (4th ed.), the Minnesota Importance Questionnaire, and Super's Work Values Inventory.

RECORDS

Someone has suggested that the first slabs of stone our prehistoric ancestors carved out of the mountains were for the purpose of setting up personnel files. It appears that systems of recording are as old as civilization and that the primary object of much that has been recorded over the ages has been the individual. Record keeping is a reflection of humans' historic curiosity to understand to the fullest extent possible their fellow humans and, so we will not forget what we have learned, to record it. Thus, records are important to counselors and other helping professionals in understanding and working effectively and efficiently with their clients. It is in this context that records are discussed in the following sections.

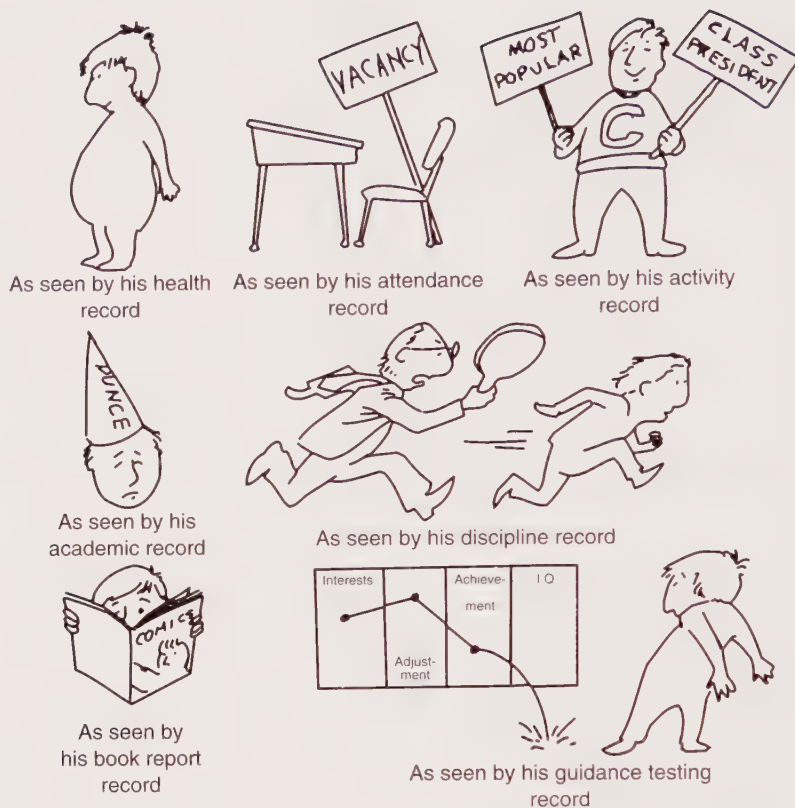


Figure 7-15 “Harry High School” as seen through a multirecord system.

Basic Considerations

If records or a record system are to truly help us understand and assist clients, certain basic considerations need to be examined before we can determine the nature and characteristics of the appropriate record and its attending system. These include the following.

The Extent of Record Keeping

The ever increasing and seemingly never ending preoccupation with record keeping may give all of us cause to wonder how many records about us have actually been created, where they are located, for what purposes, and so on. For example, extensive records have been maintained by the educational institutions that we attended, for even as students we become aware of the extensive and varied recorded data that schools maintain to understand us better. Figure 7-15 rather accurately (but not too seriously) depicts the varying views to which the many records or types of data might, on occasion, seem to lend themselves.

The advent of the computer and other technological advances have seemed, if anything, to challenge counselors to gather and record data in a manner befitting the many new developments in data storage, manipulation, and retrieval. School counselors cannot belittle the importance of decisions made on the basis of such recorded data—decisions that most

frequently influence career directions and educational opportunities. Counselors working with school-age clients through community agencies and other nonschool settings must also be aware of the extent and impact of school-maintained records. In addition, counselors must be alert to the invasions created by computer hackers who threaten the security of computerized record systems in nearly all settings.

Who Will Use the Client's Record?

Who will use records varies among the many places in which counselors function. For example, counselors in private practice may, subject to legal limitations, have exclusive access to a client's records, whereas, at the other end of the continuum, many school counselors may be expected to share client records with school administrative and supervisory personnel, teachers, parents, and, of course, the client. Counselors, ever concerned with client confidentiality, must at the outset determine who will have access legally and ethically to any data recorded in a systematic or institutional manner.

The use of student and client records also raises the question of record security. The increased utilization of computerized record systems requires the exercise of appropriate precautions and restrictions to safeguard client data. Although students and parents may exercise the right to examine a student's records, that does not lessen the counselor's duty in the school, or any setting, to provide proper security for those records that are the responsibility of the counseling program. These responsibilities include provisions for the lock-and-key security of client records at all times, instructions and policies for nonprofessional (clerical) handling of data, and stated policies, including ethical and legal guidelines for access to and review of data by clients, parents, and others. In determining access to school records, the fact must be considered that certain records of students are at least quasi-public in nature. The questions that arise are who may inspect such records, for what purposes, and when?

What Are Other Legal and Ethical Considerations?

Practicing counselors, as well as those preparing, may be confused somewhat by the apparent proliferation of statements by professional organizations providing ethical guidelines for the maintenance and use of client records. However, an examination of statements by the American Counseling Association and the American Psychological Association indicate little that is in conflict and much that is in general agreement. These standards are presented in Appendices C and D.

The primary legal concerns of counselors insofar as records and recording are concerned continue to focus on the confidentiality of counseling records and the right of privileged communications. Although attorneys have possessed this right by common law for centuries and statutory law has extended this privilege to physicians, clergy, and sometimes to psychologists, counselors have limited legal guarantee in terms of statutory provisions. School counselors must be particularly aware of the provisions of the Family Educational Rights and Privacy Act of 1974. Key statements from this act presented by Flygare (1975) point out the following:

- A student (or his parents) must be given access to his records within 45 days from the time a request is made.

- A student (or his parents) must be granted a hearing by the institution upon request to determine the validity of any document in the student's file.
- Confidential letters or statements placed in the file prior to January 1, 1975, need not be disclosed under the law.
- A student may waive his right of access to confidential letters regarding admissions, honors, or employment.
- An educational institution cannot, with certain exceptions, release personally identifiable information about students.
- Educational institutions must notify students and parents of their rights under the law. (p. 15)

Furthermore, counselors must be aware of the implications of Title IX of the Education Amendments of 1972, effective July 1975, which provides that no person shall on the basis of sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program receiving federal financial assistance. The implications for record keeping are clear; sexual discrimination must not be maintained. That includes standardized test results based on male/female norms and on career exploration activities and counseling that reflect sex role stereotyping. Counselors must also avoid multicultural discriminations in client record keeping.

School counselors also should be aware of other kinds of unacceptable statements often found in student records. These include statements that may be libelous, slanderous, biased, negative, unverifiable or confusing.

Counselors must bear in mind that privileged communication is for the benefit of the client. Thus, only clients have the option to waive that right, and they may do so if they choose, even if protected legally. It should also be noted that privileged communications are subject to legal limitations.

Privileged communication and *confidentiality* have often been used interchangeably, even though the two terms are significantly distinct. *Privileged communications* refers to the right of the counselor to refuse to divulge confidential information in a court of law. *Confidentiality* represents an ethical guideline in terms of counselors' decisions that they should not and will not divulge what has been revealed to them in contacts with their clients. In this context, we should also note the probability that client and student records will be computerized. As numerous incidents have proven, the confidentiality of so-called secure computerized record and data systems has been violated time and time again. It is obviously a necessity that counselors ensure the security of all client records and record systems.

What Purposes Will the Client's Record Serve?

The use of the client's record will, of course, be determined to a large extent by the answer to the question previously raised: Who are the users? Certain traditional uses are appropriate for almost all types of personnel records:

1. They provide an available pool of basic information about the person.
 - Provide a means for recording and preserving meaningful information about the person for later use.
 - Assist the users of the information in gaining a better understanding of the person with whom they will be interacting.

- Assist the person about whom the record is maintained to gain new insights and perspectives.
- 2. In addition, counselors use records in
 - Preparation for the counseling interview.
 - The development of case studies.
 - Client placement or referral.
 - Consultation with other therapists, medical personnel, parents.
 - Follow-up and research studies.
- 3. School counselors also use records to identify students who
 - May be in need of counseling assistance.
 - Possess special talents or interests.
 - May have special needs—because of physical disabilities, for example.
- 4. School records assist faculty and parents in gaining a better understanding of the individual student, and, it is hoped, may contribute to positive student–parent and student–teacher relationships.
 - Assist the individual student to gain self-understanding.
 - Contribute to school and community needs assessments of school-age populations.
 - Facilitate the orientation of new pupils.

These listings are meant to be illustrative only and not exclusive, since any practicing counselor could readily expand on them.

Record Interpretation

The interpretation of any kind of counseling or personnel record will obviously be limited by the data recorded and by the skill and understanding of the user. Some guidelines or safeguards include the following:

- Records provide only clues to behavior—no more—and some clues are relevant whereas others are not.
- Does the present (the time at which you are examining the record data) compare to the past (the time when the data were originally recorded)?
- Look for trends or significant changes, but beware of the fact that many people have unique patterns of growth and development.
- Feelings, attitudes, and intensity of emotions seldom show in recorded information.
- Distinguish symptoms and causes.
- Determine whether record data are based on substantial facts or merely represent opinions.
- Remember that records present only a small sample of the client's behavior.
- School records, especially, can also provide opportunities to examine certain habitual performance measures, such as attendance, grades, and health.

Note: We would like to especially call the reader's attention to Appendix K: Competencies in Assessment and Evaluation for School Counselors, as developed by the Association for Assessment in Counseling and Evaluation.

SUMMARY

Standardized testing and related computerized testing programs were discussed. It was noted that these programs have become popular benchmarks for measuring the educational attainment of individuals and schools. Most of us have experienced at least the receiving end of this phenomenon. Standardized testing is also a traditional and important tool in the counselor's array of techniques for understanding the client. Despite the historic and extensive use of standardized tests, counselors and other users must be aware of the many criticisms and concerns that have been voiced regarding their use for diagnostic purposes. An understanding of these criticisms and concerns and the degree to which they are valid will enable users to administer standardized tests effectively but safely in their practices.

The importance of comprehending basic statistical processes should not be underestimated. An understanding of averages and variations from the average, as expressed in statistical terminology, and relationships as computed mathematically, is basic to the interpretation of standardized tests. The user of standardized tests also must be aware of and be able to apply the criteria for test selection. These basic criteria are the validity, reliability, and practical characteristics of the test under consideration. Strengths and weaknesses of the common areas of standardized testing should be understood. It is also important that the user recognize the limitations as well as the strengths of a given instrument if it is to be intelligently used in practice. Counselors and others may also want to consider criterion-referenced tests as a substitute or supplement to their programs of standardized testing. Counselors should be aware of the contributions other disciplines make to the understanding of human behavior. In addition, a wide variety of nonstandardized techniques for human assessment, utilized across many disciplines, is available to the counselor who is knowledgeable about their construction and usage.

The last portion of this chapter presented an overview of nonstandardized techniques that may be used in human assessment. Although many nonstandardized techniques cannot lay claim to either the validity or reliability of standardized instruments, they

nonetheless provide the counselor with a wide range of data collection options from which to choose, according to the dictates of the counseling situation and the assessment needs of clients.

Observation was noted as the most popular of the techniques usually used to assess others; however, in order for it to be as accurate and meaningful as possible, we suggested the use of some forms for recording observation, such as anecdotal records, and forms for further directing observations toward specific characteristics, such as rating scales and checklists. In this regard, the popularity (and sophistication) of the *DSM-IV-TR* in clinical settings was noted.

Questionnaires and autobiographies were suggested as techniques in which useful information can be collected. Assessing behavior and roles in groups by techniques such as sociograms, communigrams, social distance scales, and role playing were suggested. The growing interest in ecological assessment was also discussed. There followed an examination of the role of records in human assessment and some of the legal and ethical considerations in record keeping. Assessment, both standardized and nonstandardized, can play an important role in career planning and decision making. Chapter 8 examines this important activity.

DISCUSSION QUESTIONS

1. What standardized tests have you taken? Did the results ever influence your planning or decision making?
2. Have you have taken courses in sociology, anthropology, economics, political science, and the like, that you felt helped you understand others better? What were these courses? How were they helpful?
3. How do you feel about being "measured" by standardized tests? How do you feel about the use of standardized tests to "measure" traits of your clients?
4. Have you ever found your observations of a situation, scene, or person differing from other observers present at the same time? How do you account for these differences?

5. Under what circumstances would you recommend standardized (norm-referenced) testing over criterion-referenced testing, and vice versa?
 6. What autobiographies have you read by famous people? Did any of these provide you with special insights into the writer? Why?
 7. What are the advantages and disadvantages of basing admissions to a counseling program on interviews rather than standardized testing?
 8. Have you ever kept a diary? What prompted you to keep one? Did it help you understand yourself better in any way? Discuss your responses.
 9. Are there any measurement voids—areas of performances, behaviors, circumstances, and so on—for which it would be helpful to have standardized tests developed?
 10. What are some of the possible problems with online testing?
 11. What would you do in the following situations? (Answer briefly.)
 - a. An “honor” student makes a score of 90 on a group intelligence test.
 - b. A problem and failing student scores at the 95th percentile on an achievement battery.
 - c. Several parents call you and want to know their child’s college placement test scores, as well as those of their neighbor’s children.
 - d. A student breaks his or her pencil in the middle of a standardized test.
 12. What traits or characteristics do you observe when you meet someone for the first time?
 13. Give examples of customs, folkways, mores, and laws that influence patterns of normal and abnormal behavior.
 14. If you were to write your autobiography for publication, what title would you use?
- instrument has increased your understanding of the individual.
 3. Develop an interest checklist that might distinguish potential counselors from those who would not enjoy careers as counselors.
 4. In small groups, develop a checklist that might be used to evaluate candidates applying for admission to a master’s-level counselor preparation program. Share and discuss the instrument with the class.
 5. Develop test items for a standardized test designed to measure an individual’s potential for entering a counselor preparation program. Administer the test to students, score in class, and discuss the process.
 6. In small groups, design a rating scale to assess individual personal relationship skills. Share and discuss.
 7. In small groups, share what you have learned from working with, living near, and/or having contact with people from minority cultures.
 8. In small groups, design procedures and questions to interview online candidates for acceptance into a counselor preparation program.

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CLASS ACTIVITIES

1. Develop a profile of the “normal” personality.
2. Identify someone in the class with whom you are barely acquainted. Design an observation instrument to guide your observations for the next week. At the end of the week, discuss how your

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8

Counseling for Career Planning and Decision Making

As noted in Chapter 1, the counseling movement in the United States has had a long association with and concern for career development and decision making. This chapter introduces you further to this traditional area of counselor activity. The chapter's objectives are to (a) describe specific interests in and influences on career planning; (b) present popular theories of career decision making; and (c) examine career planning and counseling in various settings.

During its early years, organized counseling efforts consisted primarily of vocational guidance. This interest, originating with Parsons, was an outgrowth of a concern for the complexity of the world of work and the resultant difficulty in career planning, a concept that is still viable today. As originally practiced by Parsons and his associates, the concept of matching youths with jobs, based on the characteristics of both, has also had a long and traditional association with the counseling movement.

As this concept was broadened and other basic activities were added in the 1920s and 1930s, vocational guidance became a service activity most frequently identified with the provision of occupational and educational information. In the late 1950s and 1960s, with the original impetus from the National Defense Education Act of 1958, placement and follow-up also became significant activities of the vocational or career guidance phase of counseling programs. Thus, for nearly 60 years the counseling movement had been the caretaker for career planning in U.S. schools and agencies.

In 1971, however, the United States Office of Education, through the Commissioner of Education at that time, Sidney P. Marland, Jr., committed more than \$9 million of discretionary funds to research and development projects focusing on the establishment of comprehensive career education models. With this act, the concept of career education as an all-school responsibility was launched, and counselors were no longer the sole designated professionals for providing career counseling and guidance for students in schools.

In the 1990s, a trend emerged toward once again recognizing counselors as the priority professionals in the providing of career guidance and counseling. For example, in 1994, the U.S. Congress recognized the role of counselors in providing career assistance with the passage of the School-to-Work Opportunities Act. This act provided a framework for creating school-to-work opportunity systems in all states, with career counseling a high priority. Additional trends have included the development and recognition of career counseling specialists and the establishment of career centers serving special populations such as college students, women, minorities, and retirees. Additionally, we are seeing the extension of counseling services to the poor and the homeless, as well as to management and professional

specialists who are being downsized. Projected changes in the workplace in the immediate future will bring about further demands for career counseling in all settings.

DEFINITIONS AND CLARIFICATIONS

An outgrowth of the increased attention to career needs and the attending emphasis on career counseling and guidance has been a proliferation of definitions, with attending confusion, seeking to differentiate among such terms as *career education*, *career development*, *career guidance*, *vocational education*, and *human development*. In this chapter and elsewhere in this text, the following definitions apply:

- *Career*: The sum total of one's work experiences in a general occupational category such as teaching, accounting, medicine, or sales.
- *Occupation*: A specific job or work activity.
- *Career development*: That aspect of one's total development that emphasizes learning about, preparation for, entry into, and progression in the world of work.
- *Career education*: Those planned-for educational experiences that facilitate a person's career development and preparation for the world of work. The totality of experiences through which one learns about and prepares for engaging in work as part of a way of living. A primary responsibility of the school with an emphasis on learning about, planning for, and preparing to enter a career.
- *Career guidance*: Those activities that are carried out by counselors in a variety of settings for the purpose of stimulating and facilitating career development in persons over their working lifetimes. These activities include assistance in career planning, decision making, and adjustment.
- *Career coaching*: Helping individuals set goals, identify procedures to achieve the goals, and evaluate progress toward goal achievement. "Coaches" also advise and encourage the client to "stay on track."
- *Occupational information*: Data concerning training and related educational programs, careers, career patterns, and employment trends and opportunities.
- *Vocation*: A trade or occupation.
- *Vocational education*: Education that is preparatory for a career in a vocational or technical field.

These rather limited definitions are perhaps at one end of the continuum. For example, a career is sometimes defined as the sum total of a person's life experiences and lifestyles, whereas career education is frequently viewed as consisting of all activities and experiences, planned or otherwise, that prepare the person for work. However, straightforward and concise—although limited—definitions are most practical in specific planning for programs of career counseling, development, or education.

It should also be noted that career development, career education, and career counseling are interrelated, though differing in definition. One without the other is ineffective and meaningless. As career education stimulates career development, career counseling provides direction for career education and development.

Counselors must also recognize that career education and complementary programs of career counseling should be developmental in nature and thus not limited to a particular age

group. Career development across the life span is the appropriate theme for now and the foreseeable future.

CURRENT INTERESTS IN CAREER PLANNING

The present high level of interest in career planning was initiated when Sidney Marland made his plea for "career education now" in a speech we heard him make to the National Association of Secondary School Principals at its convention in Houston in 1971. The importance of career education and guidance was further highlighted in 1974 by the appointment of Kenneth Hoyt, Ph.D., to the newly created position in the U.S. Department of Education as Director of the Office of Career Education. Since then, the concept has gained widespread acceptance in the U.S. educational establishment. Educators from every field and discipline have been involved in the movement. Additionally, many state legislatures passed career education legislation, and career education became a mandate of the U.S. Congress when Public Law 93-380 was signed by former President Ford in August 1974. In less than a decade, more than 10 major national associations endorsed career education, hundreds of publications on career education were published and distributed, and an astounding array of proponents and interpreters of the career education concept emerged.

Continued interest in career guidance and counseling programs was reflected in the Carl D. Perkins Vocational Education Act (Public Law 98-524) of 1984, which mandated programs designed to assist individuals in developing self-assessment, career planning, career decision making, and employability skills. Two federal acts indicate the U.S. government's continuing interest in providing career assistance to youth preparing to enter the labor force: (a) the amendments in 1992 to the Job Training Partnerships Act, a partnership of federal, state, and local agencies, with school systems, employers, and their communities to help youth acquire the skills and knowledge they need to assume full participation in society; and (b) the School-to-Work Transition Act of 1994, which provided funding to bring together schools and their pupils, parents, communities, and area businesses to fashion the future U.S. workforce. The latter act includes career counseling and a mandate for career exploration in schools to make the connection from school to work a realistic one. The major purpose of the act is to link what students learn in school to what they will need to know to succeed in the world of work.

In 1990, the U.S. Congress passed the Americans with Disabilities Act, which extended the prohibition of job-related discrimination (initially in the Rehabilitation Act of 1973) to all firms that employ 15 or more people. Also, the act appears to encourage equal access to counseling services by workers with disabilities.

Significant and numerous national conferences attracting professional counselors have reflected the interest and commitment of the counseling profession in a continued and major involvement in career development, counseling, and guidance. Among these convocations are the 20/20 Conference: Building Strong School Counseling Programs, held in Washington, D.C., in 1987; the National Career Development Association's Diamond Jubilee Conference, held in Orlando, Florida, in January 1988; and the first Association for Counselor Education and Supervision national conference, held in St. Louis in October 1988, which established three national task forces, including one chaired by Kenneth Hoyt,

to examine national concerns in the world of work. A series of national conferences has also been sponsored or cosponsored by the National Career Development Association, including the Daytona Beach Conference of 1997, which examined “Careers and Technology.” In 1998, the National Career Development Association (NCDA) and the Association for Counselor Education and Supervision (ACES) formed a joint Commission on Preparing Counselors for the 21st Century.

The need for this focus on career counseling became increasingly apparent in the late 1980s and early 1990s as career-related problems—youth unemployment, underemployment, midlife career changes, and discrimination in the workplace—became major societal issues. The need for planned programs of career assistance for all ages has been further reflected in the establishment of career counseling centers on many campuses, women’s (career) centers, and other community centers, focusing on the special career needs of individuals moving into a new century.

Career development has also changed its focus. In the 1940s, 1950s, 1960s, and early 1970s emphasis was on stage theories, in which individuals explored, made decisions about, prepared for, and entered careers by early adulthood and stayed until retirement. In recent decades, the prevailing concept has become career development across the life span. The current and projected demands of the workplace, plus the lifelong working potential of the individual, have established new career variables that include workers experiencing a variety of jobs and related educational experiences, across an increasingly healthier and longer lifetime. The career development of the individual promises to be continuous and ongoing; thus, career counseling and assistance programs must be available to all ages from elementary school children to the elderly. By the same token, counselors may assist client populations in settings ranging from elementary schools to senior citizen centers to meet the needs of career development throughout life.

THE CHANGING NATURE OF THE WORLD OF WORK

In addition to the needs that prompted the career education movement and have more recently created a renewed interest in career counseling and guidance, other needs also have been generated by significant changes in some of our traditional concepts of careers and work. Symptomatic of these changes are the following points.

- **No Longer One Career—One’s Lifetime Work.** Our ancestors, perhaps even our parents, could, on identifying their life’s work, enter a career that would last for life. Unlike them, more and more persons entering the workforce in the late 1990s and early years of the 21st century will have three to seven different and significant careers over the span of their life’s work. We are now living in an age in which the rapidity of technological development can affect what we do and how we do it almost overnight. Additionally, the trend toward the employment of temps (employees labeled as “temporary”) has furthered destabilized the workforce and individual careers. Among the major disadvantages to these workers is that temps have no job security and no benefits such as health insurance and pensions—which is a distinct and significant departure from worker expectations in the past.

Counselors are being reminded more frequently that such changes can result in increasing numbers of adults who, either by choice or necessity, will be making career decisions throughout their working life span.

- **Going, Going, Gone! Men Only, Women Only, White Only Careers.** The influx of women into the workplace since World War II has changed “who” is working. “Where” they are working has also changed as recent generations have witnessed the elimination of many barriers that in the past limited certain professions and occupations exclusively to certain populations or sexes. Career exclusiveness, for example, excluded women from traditional male occupations such as engineering, airline piloting, and taxicab and truck driving, to mention but a few. These once male-dominated careers (and some women-dominated careers, such as nursing) have been effectively challenged not only in the courts but, more importantly, in the world of work.

Additionally, the antidiscrimination and antipoverty movements have further challenged the exclusiveness of certain careers that were once limited to only racial majority members of upper socioeconomic income populations.

All projections point to the early years of this new century as a time when the percentage of adult women in the workforce will equal that of the male population. Further, although the invisible glass ceiling restricting the advancement of women and minorities into managerial and supervisory positions still subtly exists, progress has and will continue to be made, especially in new and emerging industries.

Youth unemployment among minorities continues to be of national concern and the projected immigration influx from Central America and South America could further inflate these numbers in the years ahead. Immigrants along with women and minorities are underrepresented in those career areas experiencing the greatest growth. In addition, minority youth and single mothers are often handicapped in the job market by their poverty status.

So, although progress has and will continue to be made, much remains to be done to ensure equality of career opportunity for all regardless of gender, race, or socioeconomic status. This presents a major challenge to counselors and the counseling profession.

- **Globalization of the Marketplace.** As we enter the 21st century, we are experiencing a rapid expansion of businesses and industries worldwide. International mergers have become more common as corporations seek to remain competitive and profitable. U.S. workers have seen their jobs moving to South America, Central America, and Asia. Even when given the opportunity to move with their jobs, few U.S. citizens want to leave home and country, unlike workers in many other countries. While this trend will undoubtedly continue and increase as we move further into the new century, little evidence points to the U.S. worker being ready to become a worker in another country.
- **Here Today—Gone Tomorrow! No Longer Can the Future Be Predicted by the Present.** In other times people interested in charting their futures could make many appropriate preparations and predictions based on their knowledge of the present, even the past. However, changing technology affecting the workplace, drastic changes in the international marketplace, and changes in the makeup of our workforce have made it increasingly difficult, if not almost impossible, in recent years to adequately predict the future by examining only the present and the past.

As a matter of fact, the last half of the 20th century was witness to the virtual disappearance of the small mom-and-pop family-run business, the locally owned corner service station, the owner-on-the-premises “we deliver” grocery store, and the neighborhood drugstore—soda fountain and all! These are now memories of the older generation, replaced by the corporate-run supermarket, chain drugstore, and megacorporate oil company. Many employees now work for distant owners or corporate boards and have declining input into operation of the business or industry of which they are part. All of this serves as a reminder that changes in how we earn our livings in the United States brings about changes in how we live.

This accelerated rate of change in modern society prevents us from assuming, as we might have in the past, that the future will be similar to the present. In fact, we must recognize that much present planning is being based on what is anticipated in the future. Furthermore, this science of future predicting has become an increasingly precise and accurate one. Even without the scientific evidence, the one certainty we can predict for the future is that it will be different.

- **No Longer Is One in Charge of One’s Own Destiny.** It is clear that the day of the rugged individualist—one who would achieve his or her own destiny—is but a memory. In today’s complicated society with its many interacting forces, countless variables affect the destiny of people, and most people have little or no control over them. People are often unaware of the factors shaping their lives. Although they can plan and chart their futures, they must also consider alternatives. Not the least of these is the reality of the international marketplace, which has resulted in the replacement of a national labor market by a global one. International competition has severe implications for the U.S. worker in terms of wages and benefits, job security, and place of employment. With these changes has come a dramatic increase in the employment of temps and a transitory workforce moving from geographic locale to locale. Because these and other factors will lessen people’s control over their career destinies, the need for qualified career counselors will continue to be unprecedented.

THEORIES OF CAREER DEVELOPMENT AND DECISION MAKING

One of the more fascinating aspects of the study of careers, both formally and informally, is the never-ending attempt to identify why people end up in certain careers. In history texts we may read about the factors that resulted in a lifetime of politics for Franklin D. Roosevelt; the multicareer talents of Benjamin Franklin, Thomas Jefferson, or George Washington Carver; the cowboy who became O. Henry, the famous author; Elizabeth Cady Stanton, who became a dazzling patriot and activist; and, more recently, the actor who became president of the United States, Ronald Reagan. At one time or another we have probably been curious about the career decisions of friends and acquaintances. But to become more personal, why are you in your present career? What influenced your career planning and decision making?

You probably have been asked this question before, and as you reflected and responded, you may have analyzed a set of facts or reasons that appeared relevant to your decisions. You presented some plausible explanation. Many of us have also offered career advice to

others, based on our own personal career experiences or personal theory of career development. Even so, we must recognize the biases and limitations of our own experiences. To develop a theory to a usable state, it is necessary to gather data that are relevant, study the relationships among the data, and, finally, speculate on what these mean. These speculations are stated as hypotheses, explanations, or predictions that can be tested. If a theory proves to have some validity, it will be built on and developed further through research and application activities.

To help youth and adults in their career development, planning, and adjustment, counselors and others who work as helping professionals must have some understanding of the better recognized and researched theories of career development that emerged in the last half of the 20th century. An understanding of such theories gives the practicing counselor a knowledge of the studies of others, usually specialists in the field. They provide a rationale for counselor action that goes beyond personal experience and intuition.

Because many disciplines (education, economics, psychology, sociology) are actively engaged in investigating various career questions, a multitude of theories have emerged. Both the number of theories and the extensiveness of their investigation preclude any attempt here to analyze the various major theories in detail. The diversity that exists among human beings and the constantly changing nature of work, life, and our environments make theoretical conception difficult and less than absolute to say the least. In recent years the relevancy of many of the traditional theories of career choice have been examined for their appropriateness for the high-tech information-processing work world of the 1990s and 2000s and for a workforce with a significant female and minority population. Further, the drastic changes in career stability for future generations will continually challenge the traditional career theories. However, proven theories, though in need of ongoing updating, can still provide us with some appropriate guidelines. With these limitations in mind, let us explore for illustrative purposes only several of the more popular categories, without any intent to suggest or recommend a particular theoretical approach.

Trait-Factor Theory

The initial theory to emerge for career counseling and development was labeled *trait-factor*. This label was devised from the assumptions that assessing an individual's traits through objective measures and then matching these traits to those typically required for successful performance in a given career area would enable the counselor to provide objective assistance to clients seeking career direction. This trait-factor approach was based on Frank Parsons's concept of vocational guidance described in his book *Choosing a Vocation* (1909). In this publication Parsons suggested three steps for enhancing the individual's career decision making. In abbreviated form, these steps were as follows:

1. A clear and objective understanding of one's self, including abilities, interests, attitudes, and so forth.
2. A knowledge of the requirements and characteristics of specific careers.
3. A recognition and application of the relationships between 1 and 2 above for successful career planning.

The trait-factor approach to career decision making is the oldest and perhaps the most durable of the many theoretical approaches available for career counseling.

The Developmental Theories

The developmental theories relevant to career planning view career development as one aspect of a person's total development. Further, developmental theorists assume that career development is a process that takes place over an individual's lifespan. As a result, most theories have tended to focus on developmental stages that are related to age. In this regard, recent generations have seen increased interest and research in adults, including older adulthood. Ginzberg, Ginsburg, Axelrad, and Herma (1951) were early pioneers in creating a theory of occupational choice from a developmental perspective. This team analyzed the process of occupational decision making in terms of three periods: fantasy choices, tentative choices, and realistic choices. This theory suggests a process that moves increasingly toward realism in career decision making as one becomes older.

In 1972, Ginzberg modified the original theory to suggest that the process of vocational choice and development is lifelong and open-ended. In the process, achieving the optimum is more appropriate to describe the ongoing efforts of persons as they seek to find the most suitable jobs. Originally, Ginzberg and colleagues suggested that the crystallization of occupational choice inevitably had the quality of compromise. Ginzberg's revised theory also places considerable weight on constraints such as family income and situation, parental attitudes and values, opportunities in the world of work, and value orientations. Both the early theory and Ginzberg's later revision suggest the importance of the early school years in influencing later career planning.

Blau, Gustad, Jessor, Parnes, and Wilcock (1956) conceived of occupational choice as a process of compromise, continually modified, between preferences for and expectations of being able to get into various occupations. They identify eight factors determining entry into an occupation. Four of these characterize the occupation: demand, technical (functional) qualifications, personal (nonfunctional) qualifications, and rewards. Those characterizing the person are information about an occupation, technical skills, social characteristics, and value orientations. In his revisions, Ginzberg seems cognizant of the changes emerging in the world of work (i.e., career decision making across the life span and the need to repeatedly assess career goals in light of the changing world of work).

Perhaps the most influential of the developmental career researchers and writers was Donald E. Super. In the development of his theory, Super (1957) emphasized the important role played by vocational maturity. The major concepts in Super's theory were (a) vocational stages; (b) developmental tasks to achieve if one is to successfully pass through a particular stage; (c) implementation of the self-concept in developing a career identity; (d) development of career maturity; and (e) career patterns.

More recently, Super (1990) presented a life span development theory based on 14 propositions, as follows:

1. People differ in their abilities, and personalities, needs, values, interests, traits, and self-concepts.
2. People are qualified, by virtue of these characteristics, each for a number of occupations.
3. Each occupation requires a characteristic pattern of abilities and personality traits—with tolerances wide enough to allow both some variety of occupations for each individual and some variety of individuals in each occupation.

4. Vocational preferences and competencies, the situations in which people live and work, and, hence, their self-concepts, change with time and experience, although self-concepts, as products of social learning, are increasingly stable from late 0-adolescence until late maturity, providing some continuity in choice and adjustment.
5. This process of change may be summed up in a series of life stages (a "maxicycle") characterized as a sequence of growth, exploration, establishment, maintenance, and decline, and these stages may in turn be subdivided into (a) the fantasy, tentative, and realistic phases of the exploratory stage and (b) the trial and stable phases of the establishment stage. A small (mini) cycle takes place in transitions from one stage to the next or each time an individual is destabilized by a reduction in force, changes in type of personnel needs, illness or injury, or other socioeconomic or personal events. Such unstable or multiple-trial careers involve new growth, re-exploration, and reestablishment (recycling).
6. The nature of the career pattern—that is, the occupational level attained and the sequence, frequency, and duration of trial and stable jobs—is determined by the individual's parental socioeconomic level, mental ability, education, skills, personality characteristics (needs, values, interests, traits, and self-concepts), and career maturity and by the opportunities to which he or she is exposed.
7. Success in coping with the demands of the environment and of the organism in that context at any given life-career stage depends on the readiness of the individual to cope with these demands (that is, on his or her career maturity).
8. Career maturity is a hypothetical construct. Its operational definition is perhaps as difficult to formulate as is that of intelligence, but its history is much briefer and its achievements even less definite.
9. Development through the life stages can be guided partly by facilitating the maturing of abilities and interests and partly by aiding in reality testing and in the development of self-concepts.
10. The process of career development is essentially that of developing and implementing occupational self-concepts. It is a synthesizing and compromising process in which the self-concept is a product of the interaction of inherited aptitudes, physical makeup, opportunity to observe and play various roles, and evaluations of the extent to which the results of role playing meet the approval of superiors and fellows (interactive learning).
11. The process of synthesis of or compromise between individual and social factors, between self-concepts and reality, is one of role playing and of learning from feedback, whether the role is played in fantasy, in the counseling interview, or in such real-life activities as classes, clubs, part-time work, and entry jobs.
12. Work satisfactions and life satisfactions depend on the extent to which the individual finds adequate outlets for abilities, needs, values, interests, personality traits, and self-concepts. They depend on establishment in a type of work, a work situation, and a way of life in which one can play the kind of role that growth and exploratory experiences have led one to consider congenial and appropriate.
13. The degree of satisfaction people attain from work is proportional to the degree to which they have been able to implement self-concepts.
14. Work and occupation provide a focus for personality organization for most men and women, although for some persons this focus is peripheral, incidental, or even nonexistent. Then other foci, such as leisure activities and homemaking, may be central.

(Social traditions, such as gender-role stereotyping and modeling, racial and ethnic biases, and the opportunity structure, as well as individual differences, are important determinants of preferences for such roles as worker, student, leisurite, homemaker, and citizen.)* (pp. 206–208)

Another popular theory, very often referred to as classic was Havighurst's developmental tasks theory. Havighurst (1964) discusses vocational development as a lifelong process consisting of six stages from childhood to old age. Each age period has characteristic tasks that must be successfully achieved if a person is to attain happiness and success with tasks appropriate to the vocational stages that follow. The developmental stages are outlined in Table 8-1.

Table 8-1 Vocational development: A lifelong process.

Stages of Vocational Development	Age
I. Identification with a worker Father, mother, other significant persons. The concept of working becomes an essential part of the ego-ideal.	5–10
II. Acquiring the basic habits of industry Learning to organize one's time and energy to get a piece of work done. School work, chores. Learning to put work ahead of play in appropriate situations.	10–15
III. Acquiring identity as a worker in the occupational structure Choosing and preparing for an occupation. Getting work experience as a basis for occupational choice and for assurance of economic independence.	15–25
IV. Becoming a productive person Mastering the skills of one's occupation. Moving up the ladder with one's occupation.	25–40
V. Maintaining a productive society Emphasis shifts toward the societal and away from the individual aspect of the worker's role. The individual sees himself as a responsible citizen in a productive society. He pays attention to the civic responsibility attached to his job. The individual is at the peak of his occupational career and has time and energy to adorn it with broader types of activity. He pays attention to inducting younger people into stages III and IV.	40–70
VI. Contemplating a productive and responsible life This person is retired from work or is in the process of withdrawing from the worker's role. He looks back over his work life with satisfaction, sees that a personal social contribution has been made, and is pleased with it. While he may not have achieved all of his ambitions, he accepts life and believes in himself as a productive person.	70+

Source: Reprinted from R. J. Havighurst, *Youth in Exploration and Man Emergent* (1964), p. 216.
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*Reprinted with the permission of John Wiley & Sons, Inc. from "A Life-Span, Life-Space Approach to Career Development" by D. E. Super in D. Brown and L. Brooks, *Career Choice and Development: Applying Contemporary Theories to Practice*. (3rd ed.). (San Francisco: Jossey-Bass, 1990). All rights reserved.

Another classic theory developed by E. H. Erickson identified eight psychosocial stages from birth through death. Each of these stages consists of a developmental crisis that must be resolved. Depending on the reactions of individuals, a conflict is involved with each crisis that will be resolved in a positive or negative way. The successful accomplishments in early stages will contribute to the individual's ability to resolve future crises, thus creating an interdependence among the stages. However, an undesirable or unhealthy resolution of a psychosocial crisis can result in difficulties throughout one's later life. It is possible, also, that an unsatisfactory resolution may later be altered to satisfactory outcomes when proper conditions present themselves. The importance of meeting the personal, cultural, cognitive, and social-emotional needs of individuals as they develop has obvious implications for the individual's career development and later adjustments. Erickson's stages are presented in Table 8-2.

Table 8-2 Erickson's stages of personal and social development.

As people grow, they face a series of psychosocial crises that shape personality, according to Erik Erickson. Each crisis focuses on a particular aspect of personality and each involves the person's relationship with other people.

	Approximate Ages	Psychosocial Crises	Significant Relationships	Psychosocial Emphasis
I.	Birth to 18 mo.	Trust vs. mistrust	Maternal person	To get To give in return
II.	18 mo. to 3 yr.	Autonomy vs. doubt	Parental persons	To hold on To let go
III.	3 to 6 yr.	Initiative vs. guilt	Basic family	To make (= going after) To "make like" (= playing)
IV.	6 to 12 yr.	Industry vs. inferiority	Neighborhood, school	To make things To make things together
V.	12 to 18 yr.	Identity vs. role confusion	Peer groups and models of leadership	To be oneself (or not to be) To share being oneself
VI.	Young adult- hood	Intimacy vs. isolation	Partners in friend- ship, sex, competi- tion, cooperation	To lose and find oneself in another
VII.	Middle adult- hood	Generativity vs. self-absorption	Divided labor and shared household	To take care of
VIII.	Late adult- hood	Integrity vs. despair	"Mankind" "My kind"	To be, through having been To face not being

Source: From *Educational Psychology*, 3rd ed. (p. 40) by R. E. Slavin. Reprinted with permission as adapted from *Identity and the Life Cycle* by Erik H. Erickson. Copyright © 1980 by W. W. Norton & Co., Inc. Copyright © 1959 by International Universities Press, Inc. Reprinted by permission of W. W. Norton & Company, Inc.

Personality Theories

Personality theories view vocational preferences as expressions of personality. They suggest that much career-seeking behavior is an outgrowth of efforts to, in effect, match one's individual characteristics with those of a specific occupational field.

A current, popular approach representing personality theory is John Holland's theory of personality types and environmental models. This theory is based on major assumptions regarding personality types and their determination and relation to various outcomes and vocational choices. In other words, individuals express themselves, their values and interests, and so forth through their career choices—their work environments. The concepts and assumptions that underlie the theory are as follows:

- The choice of vocation is an expression of personality.
- Interest inventories are personality inventories.
- Vocational stereotypes have reliable and important psychological and sociological meanings.
- The members of a vocation have similar personalities and similar histories of personal development.
- Because people in a vocational group have similar personalities, they will respond to many situations and problems in similar ways, and they will create characteristic interpersonal environments.
- Vocational satisfaction, stability, and achievement depend on the congruence between one's personality and environment (composed largely of other people) in which one works.

The following statements summarize the major assumptions of Holland's (1966, 1973, 1985a) theory:

- In our culture, most persons can be categorized as one of six types: realistic, intellectual, social, conventional, enterprising, and artistic.
- There are six kinds of environments: realistic, intellectual, social, conventional, enterprising, and artistic.
- People search for environments and vocations that will permit them to exercise their skills and abilities, to express their attitudes and values, to take on agreeable problems and roles, and to avoid disagreeable ones.
- A person's behavior can be explained by the interaction of his personality and his environment. (Holland, 1973, pp. 2–4)

Table 8-3 summarizes Holland's (1985b) theory, describing the personality characteristics of the six categories and the work environments related to each. Holland has developed a popular assessment instrument based on his theory, *The Self-Directed Search*, accompanied by an *Occupational Finder*. Holland does not suggest his categories as mutually exclusive, as noted in the *Occupational Finder*, which suggests that a work setting would be a combination of three environments. It is also equally rare for an individual to fit into only one of the six psychological types. The use of Holland's person-environment fit should be considered by counselors working with children, students, especially those with disabilities who need to be mainstreamed, and older workers considering changing their careers.

Table 8-3 Holland's personality types.

The **Realistic** type likes realistic jobs such as automobile mechanic, aircraft controller, surveyor, farmer, electrician. Has mechanical abilities but may lack social skills. Is described as

Asocial	Inflexible	Practical
Conforming	Materialistic	Self-effacing
Frank	Natural	Thrifty
Genuine	Normal	Uninsightful
Hardheaded	Persistent	Uninvolved

The **Investigative** type likes investigative jobs such as biologist, chemist, physicist, anthropologist, geologist, medical technologist. Has mathematical and scientific ability but often lacks leadership ability. Is described as

Analytical	Independent	Rational
Cautious	Intellectual	Reserved
Complex	Introspective	Retiring
Critical	Pessimistic	Unassuming
Curious	Precise	Unpopular

The **Artistic** type likes artistic jobs such as composer, musician, stage director, writer, interior decorator, actor/actress. Artistic abilities: writing, musical, or artistic, but often lacks clerical skills. Is described as

Complicated	Imaginative	Intuitive
Disorderly	Impractical	Nonconforming
Emotional	Impulsive	Open
Expressive	Independent	Original
Idealistic	Introspective	Sensitive

The **Social** type likes social jobs such as teacher, religious worker, counselor, clinical psychiatric case worker, speech therapist. Has social skills and talents but often lacks mechanical and scientific ability. Is described as

Ascendant	Helpful	Responsible
Cooperative	Idealistic	Sociable
Empathic	Kind	Tactful
Friendly	Patient	Understanding
Generous	Persuasive	Warm

The **Enterprising** type likes enterprising jobs such as salesperson, manager, business executive, television producer, sports promoter, buyer. Has leadership and speaking abilities but often lacks scientific ability. Is described as

Acquisitive	Energetic	Flirtatious
Adventurous	Excitement-seeking	Optimistic
Agreeable	Exhibitionistic	Self-confident
Ambitious	Extroverted	Sociable
Domineering		Talkative

(continued)

Table 8-3 Holland's personality types (*continued*).

The **Conventional** type likes conventional jobs such as bookkeeper, stenographer, financial analyst, banker, cost estimator, tax expert. Has clerical and arithmetic ability but often lacks artistic abilities. Is described as

Careful	Inflexible	Persistent
Conforming	Inhibited	Practical
Conscientious	Methodical	Prudish
Defensive	Obedient	Thrifty
Efficient	Orderly	Unimaginative

Source: Adapted and reproduced by special permission of the Publisher, from the *Self-Directed Search Professional Manual* by John L. Holland, Ph.D. Copyright © 1985, 1987, 1994 by Psychological Assessment Resources, Inc. Further reproduction is prohibited without permission from PAR, Inc. The SDS materials are available from PAR by calling (800) 331-8378.

Another popular personality theory, often considered a classic, was developed by Anne Roe (1956) and based on Maslow's classic theory of basic needs. These needs, in order of their importance, from high to low were stated as follows:

- Physiological needs
- Safety needs
- Need for belongingness and love
- Need for self-esteem and respect
- Need for information
- Need for understanding
- Need for beauty
- Need for self-actualization

Maslow's concept suggests that until the higher needs are met, the need or needs that follow will not be attended to. For example, those needs for maintaining life (i.e., the first two indicated) must be satisfied before the needs for love and respect (the third and fourth indicated) can be addressed.

Roe's research led her to believe that the needs structure of the individual would be greatly influenced by early childhood experiences. This needs structure would in turn influence occupational categories the individual would select. Roe's extensive research into occupations led her to the development of eight occupational groups (Roe and Klas, 1972):

- Service
- Business contact
- Organization
- Technology
- Outdoors
- Science
- Culture
- Arts and entertainment

These eight occupational categories were then subdivided into six classification levels as determined by degree of responsibility and abilities needed.

- Professional and managerial (1) independent responsibility
- Professional and managerial (2) less independence of important responsibility
- Semi-professional and small business
- Skilled
- Semi-skilled
- Unskilled

Roe's system of classification and categorization has proven useful as a framework for organizing a multitude of occupations in a meaningful way, and her work has had an impact on interest test development and career research.

Social Learning Theory

Social learning theory is an outgrowth of efforts by John Krumboltz and C. Nichols (1990) and his associates to adapt Bandura's (1997) behavioral theory to career decision making. In 1996, Mitchell and Krumboltz added to their earlier social-learning theory approach to include the suggestion that the entire theory be referred to as the learning theory of career counseling (LTCC). This theory suggests that four categories of factors are influential in the career development and decision making of individuals. These factors are as follows:

1. Genetic endowment and special abilities
2. Environmental conditions and events
3. Learning experiences
4. Task approach skills

A Holistic Theory for Career Counseling with Adults

This theory, as described by Hansen (2005), presents a framework for "integrative life planning (ILP)." The label describes a concept of renewing and making whole by bringing together the mind, body, and spirit of the individual. This approach is described as an expanded, holistic framework for addressing the career development of adults at different life stages. This theory of integrated life planning is a model which

- Relates *societal contexts* to the individual, to families, to education, and to work.
- Is a lifelong process of identifying primary needs, roles, and goals and integrating them within self, work, family, and community.
- Is interactive and relationship oriented and designed to help individuals achieve greater satisfaction, meaning, wholeness, and a sense of community.
- Is a means to help shape the direction of one's life, empower others, manage change, and contribute to the larger society and common good. (Niles, 2005, p. 60)

This theory is further developed around six critical themes or life tasks that adults must confront in the 21st century. Hansen describes these tasks as follows:

1. Finding work that needs doing in a changing, global context.
2. Weaving our lives into a meaningful whole.

3. Connecting family and work.
4. Valuing pluralism and inclusivity.
5. Managing personal transitions and organizational change.
6. Exploring spirituality and life purpose. (Niles, 2005, p. 61)

Sociological Theories

Popular among the sociological views of careers is one that suggests that people arrive at a particular occupation more by chance than through deliberate planning or steady progress toward an earlier defined goal. Newspapers and television reports constantly remind us of persons who seem to be in the right place at the right time and for no other reason end up in an unanticipated career. In a broad sense, we might include the chance one has for career choice as influenced by the environment, social class, culture, and other conditions one is born into or raised in; opportunities for education; observation of role models; and so forth. More narrowly, we may note that chance factors result in occupational choice by an impulse or sudden emotional reaction in which unconscious forces appear to determine a person's behavior and occupation choice. Consider, for example, the person who on apparent impulse walks out of a good office job to work as a missionary in an African jungle. Perhaps you have decided to enter the counseling field based at least in part on chance or unanticipated influences. In any event accident theory contends that because people may make decisions or be influenced by unforeseen or accidental circumstances, it is not possible to evaluate all the decisive factors in their choices.

In 1980 the Indiana University Press published Indiana University's distinguished president Herman B Wells's book entitled *Being Lucky*. In this book, President Wells described a number of so-called luck factors that contributed to his phenomenal contributions to the achievements of Indiana University during his 25 years as president. More recently, John Krumboltz coauthored the publication *Luck Is No Accident* (2004). In this publication he analyzes how people, in effect, made their own luck by such actions as creating their own unplanned lucky events by volunteering, taking new courses, striking up conversations with friends and strangers, surfing the Web, etc. He also noted that individuals can discover a variety of activities that are satisfying; that they should be open to new ideas and experiences; and that they should engage in a variety of activities to help discover what they like and dislike.

In his 2003 publication, Richard Wiseman identifies four principles of luck:

1. Maximize your chance opportunities.
2. Listen to your lucky hunches.
3. Expect good fortune.
4. Turn your bad luck into good.

Over the years many sociologists and psychologists have expressed the opinion that chance or luck encounters play prominent roles in changing the life course of countless individuals. Sociological theory also notes the influences of home, school, social class, communities, and peer groups.

Economic Theories

Economic theories suggest the importance of economic factors in career choice. Prominent among these are the availability of types of jobs versus the availability of qualified workers for these jobs. Also, as many studies have indicated, a major factor in career choice is "What

Table 8-4 A synthesis of Bandura's perspectives of factors influencing chance encounters.

Personal Determinants of the Effect of Chance Encounters	Social Determinants of the Effect of Chance Encounters
Entry Skills Interest, skills, personal knowledge likely to gain acceptance or sustain contact with another	Milieu Rewards The types of rewards and sanctions an individual or group provides if a chance encounter alters a life path
Emotional Ties Interpersonal attractiveness tending to sustain chance encounters so that certain social determinants might operate	Symbolic Environment and Information Images of reality provided by other than direct experience; different individuals or groups furnish different symbolic environments
Values and Personal Standards Unintended influences more likely to be important if persons involved share similar standards and value systems	Milieu Reach and Closedness Chance encounters with a relatively closed milieu—e.g., cults, communal groups—have the greatest potential for abruptly reordering life paths
	Psychological Closedness Belief systems provide structure, directions, and purpose in life. Once persons, through chance encounter, get caught up in the belief system of a particular group, it can exert selective influence on the course of development and erect a psychological closedness to outside influence. Beliefs channel social interactions in ways that create their own validating realities.

Source: From E. L. Herr and S. H. Cramer, *Career Guidance and Counseling Through the Life-Span: Systematic Approaches* (5th ed.), p. 208. Copyright © 1996. Reprinted by permission by Allyn & Bacon.

kind of job can I get?" In these instances, the most important consideration is being able to provide at least the basic necessities for oneself and family. Job security has also become an important consideration in career choice in the 1990s and beyond, and worker benefits, especially medical insurance and retirement plans, can also be factors in where one seeks employment.

All of us have experienced situations in which chance has resulted in our experiencing change in our plans, activities, and even career choice. Bandura (1982) stresses the significance of chance encounters in shaping the course of individual lives. (See Table 8-4.)

Decision-making theory has its origins in the field of economics and implies that careers are selected from alternatives on the basis of which choice promises to be the most rewarding or of value to the individual (and not necessarily in a monetary sense).

Other Theories

A number of other perspectives further broaden the concepts of influence on career development. For example, Brown (2007) developed a value-based theory of career development suggesting that individuals act and make decisions that are influenced by their values. We may note that the rules by which societies live tend to be value based. These societal values in turn become rules that many individuals use to judge their own behaviors. Values are also influential in rationalizing the goals we establish for ourselves, including career goals.

In recent years increasing attention has been given to examining how the differing career theories might converge or could be made to bridge with each other. In the Savickas and Lent (1994) publication *Convergence in Career Development Theories*, five prominent career theorists representing the theories of development (Super), psychodynamics (Bordin), personality (Holland), social learning (Krumboltz), and work adjustment (Davis) examined how their theories might converge with others. This publication was the outgrowth of a project on convergence stimulated by a series of articles written in 1990 on the occasion of the 20th anniversary of the *Journal of Vocational Development*. The initial thrust toward exploration of convergence of theories appears to have been stimulated by a career convergence project with contributions from prominent theorists (John Krumboltz, Rene Davis, John Holland, Edward Bordin, and Donald Super.) Although no appreciable progress was reported on convergence, useful distinctions among the major theories were reaffirmed, and theoretical deficiencies and features needing renovation were noted. Samuel Osipow and Donald Super were early leaders in encouraging the exploration of convergence theories that led to the career convergence project and a conference on the topic at The Ohio State University in the spring of 1994.

IMPLICATIONS OF CAREER THEORIES FOR COUNSELORS

A review of the previously discussed major theories would note in brief that the trait-factor approach suggests the importance of the individual's abilities and interests in career choice. Personality theories suggest a relationship between career decisions and personality traits such as self-concept. Developmental theories emphasize the importance of human development and maturity in readiness and reality in career decision making. Social learning theory recognizes the influences of heredity, special abilities, environment, learning experiences, and task approach skills. The most prominent sociological theory emphasizes the role that chance plays in the career decisions of individuals. Economic theories obviously underscore the importance of economic factors in career choices. Values theory believes that individuals' values and the values of their society are important in establishing career goals.

These theories can lead us to conclude that career development is a process leading to a decision; one passes through stages en route to career maturity and decision making; one must accomplish certain tasks at each stage; and personality traits and values are related to career decision making. Furthermore, environmental constraints may limit the careers to which one aspires. And the individual's best-laid plans may be altered by chance factors.

The characteristics of these theories have certain implications for counseling clients with career development or adjustment needs.

- Counselors must understand the process and characteristics of human development, including readiness to learn and successfully complete particular tasks at certain developmental stages.
- Counselors must understand the basic human needs as well as the special needs of persons and their relationship to career development and decision making.
- Counselors must be able to assess and interpret individual traits and characteristics and to apply these assessments to a variety of client career-related needs.
- Counselors must assist clients to recognize that unforeseen or chance factors may, on occasion, alter career planning.
- Counselors must recognize that the rapid changes in the way people work and live in this era of economic globalization and high technology will require a constant examination and updating of the theory and research we use as a basis for our career counseling efforts.

Counselors must themselves recognize, as well as assist clients in recognizing, that yesterday's world of work no longer exists. Frequent career changes, environmental changes—including the possibility of international employment—and work as temporaries are among the realistic probabilities facing workers today.

CAREER COUNSELING AND THE DEVELOPMENT OF HUMAN POTENTIAL

Beyond the various career choice theories is the recognition that all aspects of human development—whether they be social, physical, emotional, or educational—are but parts of one's total development that are usually interwoven and often difficult to distinguish from other aspects of human development. Career development is, of course, no exception. A recognition of these relationships and the application of certain basic principles of human development are significant in the design and implementation of programs providing counseling over the life span for the development of human potential.

Five concepts of development related to career counseling and the development of human potential are noted as follows:

1. Development occurs across the life span of the individual. Significant in this development is the maturing process, which is related to the mastery of developmental tasks at each life stage. Career counseling should reflect an awareness of this process and the developmental tasks to provide those experiences and information that enable the individual to master these tasks at the highest level of one's potential.
2. Environment is a significant factor influencing the development of one's potential. Career counseling seeks to accent the favorable factors in an individual's environment and compensate or intervene with those unfavorable factors that might limit one's capacity to develop to the fullest.
3. Career development should recognize the different age stages through which the individual progresses and should provide those experiences and learnings that are appropriate for each.
4. As individuals develop, those aptitudes and interests in which they excel should be enhanced by experiences and other strategies designed to assist them in developing their full potential.

5. Programs designed to optimize the development of the individual must also work to inhibit factors that may prevent such full development. This suggests that prevention and early intervention programs designed to compensate for negative factors could possibly influence the individual's development in a negative way.

Of course, we do not have to examine developmental theory to understand the capabilities that exist within the human being. The achievements of humankind from the discovery of fire to walking on the moon are testimony to the ever-present undetermined potential of human beings. Although we must presume that the multiple potentials of most people will never be fully exploited, the challenge nonetheless remains to achieve and develop to the optimum extent possible.

As countries prepare to compete in the global marketplace, a resource that will be examined more and more with a view to promoting the advancement and well-being of societies will be the most valuable of all: the human resource. As disadvantaged populations seek to overcome their inequalities, they will continue to call, with public support, for increased equal opportunities for their own optimum development.

Although we have historical examples of counselors being called on to assist in the identification and development of human potential in limited ways (e.g., encouraging students to take more science and math courses, identifying students for gifted programs), we are now moving into an era when the development of every individual's full capability becomes that person's right and society's hope. Three phases for a human resource development program are these:

1. Assessment for the identification of the individual's potential aptitudes and interests
2. Planning for appropriate experiences to assist the individual's full development and enhancement
3. Placement in educational and/or career settings in which the individual's developed capabilities can be realized for the benefits of the individual and society

Although the identification and development of individual human potential should be initiated in the early years of schooling, it is appropriate to continue to assess, monitor, and assist the individual across the life span. Postsecondary educational institutions, adult education programs, career centers and employment offices, community mental health agencies, and private practitioners can all play significant roles in this process. They cannot afford to do less. Society cannot afford to let them do less.

A career may offer the greatest opportunity for a person to achieve much that he or she is capable of accomplishing. Career counseling for human development may include a focus on encouraging clients to challenge the limitations of their present self-concept—in a manner of speaking, to redefine themselves and stimulate their vitality. Let us next examine groups that traditionally represent populations in our society that are underdeveloped: women, minorities, the poor, people with disabilities, and dual-career couples.

Women

A prime example of the development of human potential through the world of work is the large-scale movement of women into the workforce during and since World War II. Not only are more women entering the labor pool, but they have been entering a wide range of occupations far beyond such traditional women's careers as nursing, teaching waitressing, and clerical work, which represented the limits of their realistic aspirations in the first generation

of the 20th century. Today, women seek careers in the medical, legal, law enforcement, military, construction, sales, and transportation fields, to name but a few areas that have long been bastions of male employment. Further, women increasingly are being appointed to managerial and supervisory positions and high judicial offices, are being elected to governorships and legislative bodies, and, in general, are making significant advances up the career ladder in all areas. All this is happening as we note projections that anticipate nearly as high a percentage of adult women in the workforce as adult men in the early 2000s.

Despite this optimistic note on women's progress, we must recognize the many barriers that still prevent women from achieving their full potential. High among these restrictors is the age-old problem of prejudice. Prejudice is reflected in numerous ways, but two specific examples are salaries and opportunities. For example, in Figure 8-1 one may see the discrepancies in earnings between men and women in every major age group. While many married women work to raise the standard of living for their families, the majority of women who work do so because of economic necessity. Further, the overwhelming majority of single-parent families are headed by women. In these families, it is discouraging to note that nearly half of these families are living in poverty.

Additionally, we have noted increased media attention in recent years to the longtime problems of sexual harassment of the female worker; home and workplace demands on the dual-career couple's working females when males fail to be equal partners at home; and

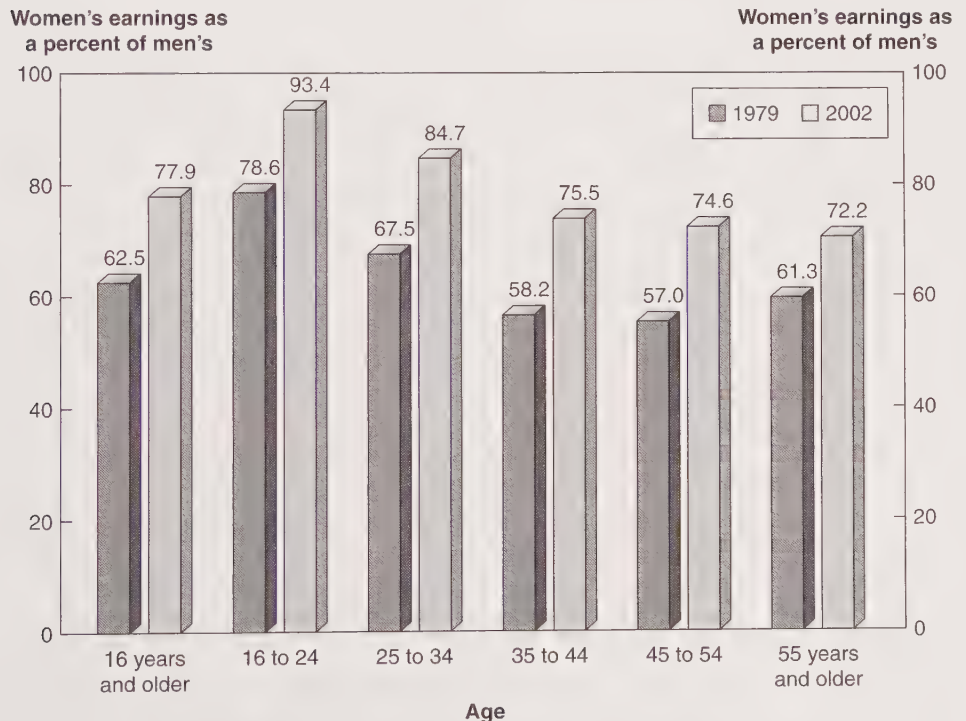


Figure 8-1 Women continue to earn less than men in every major age group. (Earnings are median usual weekly earnings of full-time wage and salary workers.)
Source: Bureau of Labor Statistics.

increasing numbers of female single parents. The majority of women in today's workforce are there because of economic necessity, and this includes the nearly 60% of single-parent families headed by women. Because of these and other circumstances, women often accept lower wages than do their male counterparts. Serious salary discrepancies are found at every career level, and women are far more frequently underemployed in low-wage jobs than are men of comparable qualifications.

Thus, although laudable progress has been made in women's career development, much remains to be done. Career counselors have the opportunity to facilitate this development. The female client must be aided in looking beyond stereotypes and other restrictions. Some may need assistance in appropriately balancing family life and work and accepting their rights to be both a mother and a worker.

Frequent surveys of working women have noted the demands placed on them to balance their family life and their work life. As corporate America has failed to be sufficiently responsive to the needs of female workers, mothers are beginning to seek or develop opportunities to work out of their homes, do contract jobs, or opt for employment as temps. Counselors must help female clients identify alternatives to traditional work opportunities and to recognize educational opportunities that may increase their opportunities and enhance their earning power. For some women, assertiveness training, job search skills, and positive self-concept development may also be helpful.

Minorities

Throughout the history of the United States, minorities have represented a tragic loss as ignored and undeveloped human resources. Although progress has been made in recent generations to eliminate barriers and open opportunities to minority populations, this work is not finished. The nation's shortcomings are recognizable in the underrepresentation of minorities in professions, managerial and supervisory positions, government offices of leadership, and preparatory programs in higher education. At the opposite end of the career ladder, minorities are overrepresented in lower-paying and lower-prestige jobs, underemployment and unemployment, and school attrition. As we look to the future, it is especially disturbing to note that more of African American youth are in the U.S. criminal justice system than are gainfully employed and that high percentages of minority girls are single parents, heads of households, and poor. Obviously, our societal future is not a healthy one if tomorrow's minority adults are already seriously disadvantaged in developing their full capabilities. They truly have been neglected and underserved.

Counselors and counseling programs have both a significant challenge and a significant opportunity to assist minority populations in achieving career equity and attaining optimum development. To even entertain the promise of effectiveness in this regard, counselors must be sure that they themselves do not hold or reinforce educational or career stereotypes for minorities, do not use biased assessment instruments, and are at all times culturally aware and sensitive.

It is also important for career counselors assisting minority clients to inform clients of possible prejudices and to work with them and employers to eliminate such barriers. Counselors must also be aware of increasing minority ownership of businesses and the opportunities here for minority employment. Counselors at all times should be advocates for the employment of minorities based not on ethnic cultural backgrounds but on personal qualifications.

The Poor

Although we are frequently reminded that the United States is the richest country on Earth, not all of the U.S. population shares the wealth. Certainly, a glaring inequity is the significant number of the U.S. population who exist in poverty. In 2005, 37 million people were in poverty (12.6%) (U.S. Census Bureau, 2005). The figures are even greater for minority populations, and when we consider that children represent the largest population living in poverty, we must ask how this can happen in the United States of America. Often overlooked or uncountable are the estimated 1 million-plus homeless people, a group that represents the ultimate in ignored human resources. The challenges these groups present to counseling and the other helping professions are complex and difficult.

High numbers of children from preschool through adolescence live in poverty. In San Francisco for example, an estimated 5,000 youth were homeless in the mid-1990s. Although the Homeless Assistance Act (1987) was designed to aid school systems in developing programs that reconnect homeless children with schools, the results have often been discouraging as schools frequently fail to understand how life on the streets can affect homeless youth. School counselors, in cooperation with social workers and other community agencies, will be especially challenged to keep homeless children in school and to prevent them from being stigmatized, discouraged, and bored with school. Schools should be a haven and a hope for homeless children, but, to date, not all schools and their counselors appear to have made sufficient strides in dealing with this population, but let us emphasize that it must be dealt with.

From a programmatic standpoint, three concerns must be addressed. First, schools in poverty areas *must* have *good* counseling programs, staffed by competent, caring, and environmentally aware counselors. Second, community career assistance programs must be located in those areas where the need is greatest—where the poor reside. Finally, adult education programs with strong counseling components must be made much more accessible and convenient to these populations. Since the environments in which the poor and homeless exist are not appealing, they tend to be avoided, even ignored by professional helpers, including counselors.

When assisting this special population (the poor and homeless), counselors must become well acquainted with the circumstances that have impacted the lives of the poor and homeless who may become their clients. It is important in these circumstances to recognize that the self-concepts of these individuals have, in most instances, been devastated over time. It is therefore important that counselors deal with this devaluation of self-concept as a starting point for motivating clients from this background to prepare for and seek meaningful employment.

It is also critical that counselors inform their clients from this background in a realistic manner of the possible employment opportunities and related personal qualifications. Role-playing job interviews with this population can be very helpful, as can accompanying the client to initial interviews. The counselor may also interact with the appropriate representatives of the employing organization to, in a sense, ease the stress of the initial interview. Obviously, clients should be encouraged to apply only for a job for which they are qualified since immediate denial would be further damaging to an already fragile self-concept.

Finally, it will be helpful for the counselor of the poor and homeless to secure the cooperation and involvement of local businesses and the chamber of commerce.

People with Disabilities

Another population whose human capabilities are often underdeveloped is individuals with disabilities. The Americans with Disabilities Act (ADA, 1990), a comprehensive law, identifies individuals with disabilities as follows:

- An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more “major life activities,” or has a record of such an impairment, or is regarded as having such an impairment.
- Examples of physical or mental impairments include, but are not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental impairments under the ADA.
- “Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs. (*Americans with Disabilities Act Handbook*, 1991, pp. 3–4)

State rehabilitation agencies provide individual counseling to disabled clients who meet the eligibility requirements of having a disability that is a significant handicap to employment. The rehabilitation services must reasonably be expected to benefit the disabled individual in terms of employability. These agencies may employ counselors who are specially prepared to work with homeless who evidence disabilities. In fact, rehabilitation counselors became a popular specialty in counselor education programs shortly after the conclusion of World War II.

In counseling clients with disabilities for career assistance, counselors must (a) have an understanding of various disabilities and their career implications; (b) be knowledgeable regarding appropriate resources, training, and career opportunities, especially those in the immediate geographic area since travel is usually a deterrent to the disabled, and (c) be sensitive, supportive, and, at the same time, realistic. Counselors must be prepared to help clients with disabilities in personal adjustment, self-concept development, career development, and job placement. Counselors may also play the role of advocates for such clients seeking access to education or other training or the workplace itself. In other instances, counselors may find themselves facilitating family support for the efforts of people with disabilities. The family support system is important at all ages, of course, and with children—especially those with disabilities—it is important in many ways, not the least of which is the influencing of how they feel about themselves. Counselors also help clients connect to peer support groups of individuals with disabilities. As with so many other services, minorities have not proportionally availed themselves of rehabilitation counseling. Dziekan and Okocha (1993) comment:

It is only possible to speculate about reasons for lower acceptance rates for minority clients, and a number of factors might have contributed. Lower proportions of minority individuals applying for services may have actually met agency eligibility criteria. Lower proportions of

minority clients may have chosen not to follow through with the acceptance process because of their frustrations with the steps and delays involved. Alternatively, biases in the perceptions of rehabilitation counselors determining eligibility for services may have resulted in inaccurate assessments and underestimations of rehabilitation potential. (p. 187)

Here again, it is extremely important that counselors work closely with local employers, often to educate them as well as to encourage their employment of the qualified but disabled individual.

Although much progress has been made through legislative enactments and increased public awareness, decisive actions and activities are needed. Here again, counselors can play a vital role in this still-needed advancement of people with disabilities toward their greatest possible development.

Dual-Career Couples

Dual-career couples are the norm rather than the exception today. This development is already affecting both family life and corporate life and is leading to reexamination of models of family functioning and also corporate policies. Certainly, the issue of human development in this context will be a challenging one. Common questions include these: “Will one partner have priority?” “Can both be equally developed?” “What about children?” “How will they be cared for and by whom?” These and other issues loom large as we approach a dramatically changing world of work with its new challenges. These challenges will include (a) readjusting family roles so that husbands share in previously traditional women’s roles in the home, (b) child-rearing practices, especially necessary to avoid the pitfalls of latchkey children, and (c) priority decisions—whose career has precedence, and what happens when one partner has the opportunity for promotion with transfer to another community.

The continued growth of dual-career couples has presented counselors with relatively new and unexplored challenges in career and marriage and family counseling. Certainly, the traditional theories of career counseling were not developed with the dual-career couple in mind. As a result, new conceptual frameworks are being researched and developed. Open communications and compromise must be encouraged. A multitude of issues regarding the shared responsibilities of child rearing should be explored before they become major issues.

Because society looks at schools as an agency for helping youth develop, let us now examine how career planning and decision-making programs in schools contribute to this development.

CAREER PLANNING AND DECISION MAKING IN SCHOOLS

Nearly all human beings can anticipate three common experiences. The first of these, development or growth, begins at birth and is especially attended to through much of an individual’s youth. The second is education, which, in an informal sense, also starts at birth and continues throughout life, with a special societal emphasis during most of a person’s youth when formal schooling is provided. The third common experience is work, beginning for most in youth and continuing through most of adulthood.

These three experiences are significantly shaped by one common setting—the school. It is here that a person's development is stimulated and shaped for the three great experiences of his or her life: learning, living with others, and working. Thus, the role of the school in what the person may become and, in turn, what society itself may become is critical. Counselors in any setting have an interest in the impact the school experience has not only on their clients but also on the school's population in general.

In this context, the counseling program's role in the school setting must be one of facilitating and enhancing the school's contributions to the learning, growth and development, and preparation for work of youths. In this chapter we are particularly concerned with the latter—preparation for the world of work, including attending to a person's career development, planning, and decision making within formal educational experiences.

To emphasize the opportunities for a student's career development, certain guiding principles are suggested as appropriate objectives for the school counseling program in general and the career guidance phase in particular. The following principles are stated within a developmental framework:

1. *All students should be provided with an opportunity to develop an unbiased base from which they can make their career decisions.* The shrinking of students' occupational choices as they proceed through the school years is an educational tragedy. First graders seem to regard most familiar occupations in a positive light. By the time they reach the 7th or 8th grade, pupils have begun to make decisions based on at least some general occupational considerations. Many have developed or have been educated toward biases that automatically eliminate many possibilities from further consideration. The large percentage of students who enter college preparatory courses at the 9th-grade level and never enter college or even fail to complete their secondary schooling is but one evidence of this fact. Students should not be led to believe that only certain occupations are desirable or that only certain avenues—such as a 4-year degree program—lead to meaningful work. In this regard, the school counseling program, in effective cooperation with the classroom teacher, should develop in each pupil positive attitudes and respect for all honest work. This is a formidable task, for many students are almost constantly bombarded with the biases of the adult world surrounding them. If these students are to benefit from a true freedom of choice, the career counseling and guidance programs have a vital mission in the schools.

2. *The early and continuous development of positive pupil attitudes toward education is critical.* The deterioration of the elementary pupil's occupational choices is unfortunate, but the failure to maintain the pupil's continuing interest in an optimum educational development is disastrous. For objective evidence, one need only turn to the various dropout studies and the equally countless studies concerning the lack of pupil motivation and achievement commensurate with ability. In short, career development has limited meaning without parallel educational development. Any program of pupil career counseling and guidance must have as a major objective the stimulation of the student's educational development.

3. *As a corollary to the preceding points, the student must be taught to view a career as a way of life and an education as a preparation for life.* Frequently pupils arrive at the educational decision-making stage of life viewing careers only in terms of job descriptions. At all educational levels the opportunity exists to develop, not only widen, occupational

horizons. This broader approach to the eventual career choice is based on the realization that one's way of work is one's way of life. Similarly, attention must be given to the concept of education itself, keeping in mind the idea of education for life rather than education only for one's eventual career. This approach of education for the fuller life also has obvious implications for education's continuing efforts to reduce the percentage of school dropouts.

4. *Students must be assisted in developing adequate understanding of themselves and must be prepared to relate this understanding to both social-personal development and career-educational planning.* These understandings are significant in the fulfillment of the individual's need for self-actualization. In this context, both career guidance and pupil appraisal seek to further enrich their meaning and value to students by preparing them to look at themselves realistically in terms of continuing educational opportunities, career requirements, and the demands and relationships of society.

5. *Students at all levels must be provided with an understanding of the relationship between education and careers.* If pupils are to develop an attitude and belief that education is relevant, they must understand how it is relevant. Pupils need an awareness of the relationships among levels of education and related career possibilities. They should also be made aware of both the vocations and avocations that stem directly from certain subjects.

6. *Pupils need an understanding of both where and why they are at a given point on the educational continuum at a given time.* It is not enough for pupils to know they will be in the third grade this year and in the fourth grade next year if all goes well. If they are to gain an increased appreciation of current educational programs as well as future educational possibilities, pupils must be provided specific opportunities to gain insights into the educational process, its sequence, and its integrating of knowledge.

7. *Pupils at every stage of their educational programs should have career-oriented experiences that are appropriate for their levels of readiness and simultaneously meaningful and realistic.* This means that opportunities for participation and observation will frequently take precedence over discussions and teacher or counselor lectures.

8. *Students must have opportunities to test concepts, skills, and roles to develop values that may have future career application.* The school career counseling and guidance program takes advantage of natural school groupings in providing secure opportunities for the pupil to experience and develop human relationships and other skills, a variety of roles, and a system of values and concepts that are related to everyday living.

9. *The school career counseling and guidance program is centered in the classroom, with coordination and consultation by the school counselor, participation by parents, and resource contributions from the community.* The pupil's career counseling and guidance team needs the involvement of all those concerned with the student's development, with the teacher, counselor, and parent playing key roles.

10. *The school's program of career counseling and guidance is integrated into the functioning counseling and guidance and total educational programs of the institution.* The complete development of the individual is vital; therefore, the career aspects should not be separated from the whole. In fact, it is only within the total educational program

framework that each segment can be strengthened by and in turn strengthen every other segment.

11. *Students must be prepared to cope with the dramatic changes in the world of work that have eliminated many of the traditional characteristics of careers of the past.* These include such changes as the global marketplace; the international workforce; computer searches for jobs; the Internet and other new technologies.

12. *Students must be assisted in developing the maturity necessary for making effective career decisions and entering the world of work.* This maturity is especially vital in view of the significant changes reshaping the world of work to the point that the past no longer provides pathways to the present and future.

The School Counselor's Role in Student Career Development

The need for career guidance and counseling is increasingly evident in the mass of data pointing to difficulties in career decision making, the underutilization of human resources, dissatisfaction with chosen careers, and such perennial problems as the hardcore unemployed. Career guidance programs are designed, in cooperation with programs of career education, to cope with such needs. To satisfactorily plan such programs, which will increase students' planning and decision-making skills, counselors must understand how career decisions are made and the possible consequences of certain kinds of decisions. This approach implies an understanding of theories and related research in career decision making and the counselor's role in the career development of youth. Counselors should also be aware of and utilize the pool of resources available to assist them in their career development activities (See Figure 8-2.)

Because the career movement in schools has been viewed primarily as a developmental and educational process, the school counselor has, at last, the opportunity to function in a developmental and, in a sense, a preventive capacity. Although the teacher is clearly the key person on the career education team, the school counselor, by virtue of special understandings and skills, can make a valuable contribution to the school's total effort. These contributions may be categorized under the following activities.

Career Counseling

Programs of career education are designed to prepare persons for the eventual selection of a career, but many adolescents and young adults will be unable to adequately cope with this critical decision making without the assistance of a professional counselor. Parental counseling, group counseling, and group guidance activities represent contributions of the counselor to the career development of the individual and the school's career education program.

Career Assessment

An important aspect of the career education program provides students with opportunities to assess their personal characteristics in relation to career planning and decision making. The counselor can make a significant contribution to the development of appropriate self-understandings of youth through the employment of both standardized and nonstandardized assessment techniques. However, it is important that these instruments be free of gender or cultural biases.

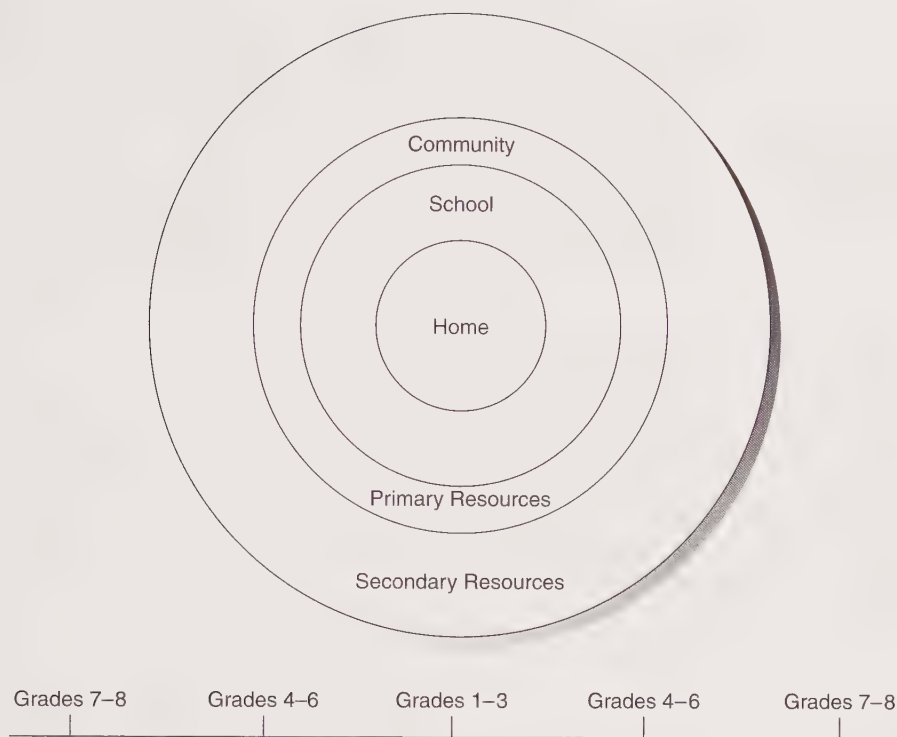


Figure 8-2 Pool of resources.

Resource Person and Consultant

The school counselor traditionally has been active in acquiring materials appropriate to career decision making and planning. The counselor is also aware of computerized information programs, media, and audiovisual materials. Although the counselor cannot collect all materials, it is reasonable to expect that he or she will be aware of the sources from which such materials may be obtained. In this capacity, the counselor serves as a resource person to the individual teachers involved in the career education program.

The counselor also serves in a consulting capacity, utilizing her or his understanding of the pupil population and career development resources and opportunities to complement the career education program.

Linkage Agent

Increasingly, the counselor will be active in collaborative efforts, not only with teachers and others in the school setting but also with community agencies and employers. Local government employment counselors and their agencies are especially important contacts. The School-to-Work Opportunities Act of 1994 emphasizes the linkage role of the school counselor as a key individual in helping students make the transition from school to work. Such traditional career activities as job shadowing, work-based learning, and relating academic tasks to careers are common components of school-to-work programs.

In addition to the activities previously indicated in this section, the counselor has an important role to play in implementing and strengthening career education programs. This role does not, however, diminish the importance of the career guidance function in career planning and decision making. Let us, therefore, now examine some techniques for this activity.

Techniques for Career Planning and Decision Making

In counseling youths for their career development and eventual placement, counselors may employ a variety of facilitative techniques to increase self awareness, educational awareness, career awareness, career exploration, and planning and decision making.

Self-Awareness

From a very early age, people must become aware of and respect their uniqueness as human beings. Learning about one's aptitudes, interests, values, and personality traits is important in the development of concepts related to self and the utilization of these concepts in career exploration. Counselors may use such techniques as values clarification exercises, group guidance activities, written assignments (such as autobiographies), audiovisual materials, and standardized tests. Individual or group counseling should follow if circumstances warrant.

Educational Awareness

Awareness of the relationships between self, educational opportunities, and the world of work is an important aspect of career planning. Counselors may use computerized programs, the Internet, audiovisual materials, and printed materials for this purpose. Group guidance activities (such as orientation days), presentations by school alumni, and the use of educational awareness inventories can be helpful. Games that relate hobbies and recreational activities to courses and careers can be stimulating for grade school and middle school pupils. Guided activities can also educate school-age youth to the relationships among desirable school habits (i.e., responsibility, punctuality, effort, positive human relationships) and good worker traits.

Career Awareness

Counselors and counseling programs in schools should, at all educational levels, assist pupils in the continuous expansion of knowledge and awareness of the world of work. This must include a developing recognition of the relationships among values, lifestyles, and careers. Many excellent films, printed materials, computerized programs, and Internet resources are available for this purpose, but of course these must be integrated into a planned, developmental program appropriate to the student's age or grade level. Specialized programs (e.g., career days, career shadowing, junior partners, closed-circuit television, virtual trips utilizing computer technology, and actual field trips) are useful if well planned. Excellent computer programs (noted later in this chapter) are available, and an extensive variety of Web sites can assist students.

Career Exploration

Career exploration represents a movement toward a systematic, planned inquiry and analysis of careers that are of interest. Comparisons, reality testing, and, again, standardized testing

may be useful. Computerized programs (discussed later) can also be helpful. Classes in career exploration and decision making are not uncommon.

A variety of techniques are available for career exploration in schools. Integrating career information into classroom instruction enhances the meaning of both as the relationship between learning in school and living outside of school becomes more evident to the pupil. The relation of subject matter to careers, hobbies, everyday living needs, and the accomplishments of well-known personalities exemplifies this integration. Many excellent published materials are also available for facilitating career exploration.

Career Planning and Decision Making

Students eventually need to narrow their career possibilities and then proceed to examine and test these options as critically as possible. Here again, such established techniques as values clarification activities, standardized testing, job shadowing, career days, and other group guidance activities, as well as computerized programs and Internet resources, are helpful. Many students will need to learn the process of decision making, including choosing among competing alternatives, examining the consequences of specific choices, the value of compromise, and implementing a decision. At this point, students must recognize the impact of current planning and decision making on their future lives. It should also be a time when students are assisted to take control of their lives and become active agents in shaping their own futures.

Placement and Follow-Up

Career placement and follow-up services are significant to the success of career counseling programs. The high rate of youth unemployment has highlighted the need for a greater emphasis on career placement for youth. Assistance to young people from both school and employment counselors is important if students are to avoid unnecessary difficulties and frustrations in their career search activities. Also, counselors are aware that unsatisfactory career entry can have long-term effects for youth. They need to recognize that the current TV generations are often unrealistic in their expectations of career opportunities and their viewpoints of specific careers. Preemployment counseling may be necessary to assist these young people in obtaining a more realistic understanding of the world of work.

As we examine an increasingly complex and changing career world, it is clear that the career placement service has the potential for assisting many, perhaps most, youth in the school setting. Such programs should be designed to assist both in-school and out-of-school youth, both school dropouts and school graduates. Such programs are typically involved in the following activities:

1. Assessing the needs of students regarding part-time and full-time employment, training, employability skills, and further educational desires.
2. Establishing a working relationship with business, industry, and labor representatives to facilitate effective cooperation and communication between these groups and educators.
3. Providing avenues and assistance compatible with abilities and interests to students who are seeking part-time or full-time employment.

4. Establishing an efficient, participatory communication–feedback network among all involved—students, business, industry, labor personnel, community leaders, parents, media, and school personnel.

Many communities have well-established local governmental employment programs that often give special attention to the needs of local youth. Counselors should explore these as they develop placement programs. The school guidance program should work cooperatively and in a complementary manner with local government employment personnel to provide the best possible assistance for youthful job seekers. Even when such local programs exist, however, the important developmental aspects of school placement programs are not the responsibility of other agencies or institutions. School placement programs, therefore, must include activities that develop or enhance the student's skills, attitudes, and knowledge needed for job acquisition and retention. Programs developed under the School-to-Work Transition Act of 1994 would be expected to include many of these elements.

Placement program activities may be viewed as three-dimensional. The primary activity, of course, is student development; however, this will obviously be handicapped if job development is not also a planned program activity, and both of these activities will be less than effective without plans for program maintenance and operation. Because placement in its broader context includes the placement of clients in a variety of settings (e.g., work, educational, environmental) for a variety of reasons and benefits, let us now examine educational and environmental placement.

Educational Placement

In general, educational placement differs little from other forms of placement as it represents an organized effort to match the qualifications of individuals plus personal interests and resources with the requirements of institutions and programs. Typically, school counselors, with responsibilities for college and other postsecondary educational placement, provide students with information regarding institutional entrance requirements, expenses, characteristics, and program content. They also frequently will assist students in completing necessary application forms. Today's technology also provides students with easy access via the Web to extensive information about collegiate institutions and all aspects of higher education. An example of a form that counselors may use with high school students interested in college placement is the college checklist (see Figure 8-3).

Many school counselors are also involved in educational placement within their schools. In this capacity they are concerned with placing students in appropriate curricula and specific courses. However, scheduling activities that consist largely of a mechanical process designed to get all pupils into all slots at a given time, with a total disregard of individual differences, is not considered a guidance responsibility, even though counselors report that they spend many hours doing such tasks.

In the literature, at least, if not always in practice, placement within educational institutions has been viewed as more than just career, college, and educational placement. In its broadest sense, placement is an activity that places or facilitates the self placement of persons in situations or settings that will enable them to benefit from needed experiences, make satisfactory adjustments, gain useful information, and, in general, contribute to their total development. As an example of this broader concept of placement, let us look at placement that focuses on giving a person experiences in different roles and environments.

	Name of College		Name of College		Name of College	
I. Entrance Requirements and General Information						
1. Does this college offer major preparation in the field of _____? (student's planned major)?	Yes	No	Yes	No	Yes	No
2. Will I be eligible for admission upon completion of my currently planned program for high school graduation?	_____	_____	_____	_____	_____	_____
3. Are entrance examinations required?	_____	_____	_____	_____	_____	_____
4. Must I take a physical examination?	_____	_____	_____	_____	_____	_____
5. Are there other entrance requirements? (If so, list in Section VII, under Notes and Comments.)	_____	_____	_____	_____	_____	_____
6. Is this a coeducational college?	_____	_____	_____	_____	_____	_____
7. Is this a state- or city-supported college?	_____	_____	_____	_____	_____	_____
8. Are the offerings of this college accredited by a regional accrediting association?	_____	_____	_____	_____	_____	_____
9. What is the average enrollment?	_____	_____	_____	_____	_____	_____
10. Does this college have an ROTC program?	_____	_____	_____	_____	_____	_____
II. Expenses (per school year)						
11. Room	_____	_____	_____	_____	_____	_____
12. Board	_____	_____	_____	_____	_____	_____
13. Tuition	_____	_____	_____	_____	_____	_____
14. Activity fees	_____	_____	_____	_____	_____	_____
15. Any other special expenses:						
(item) _____	_____	_____	_____	_____	_____	_____
(item) _____	_____	_____	_____	_____	_____	_____
16. Total basic cost per year	\$ _____	_____	\$ _____	_____	\$ _____	_____
III. Room and Board						
17. Are dormitory facilities available for men and women?	_____	_____	_____	_____	_____	_____
18. Are noncommuting freshmen required to live in the dormitory?	_____	_____	_____	_____	_____	_____
19. May you select your own roommate if you desire?	_____	_____	_____	_____	_____	_____
20. Are dining facilities available (three meals per day) for students?	_____	_____	_____	_____	_____	_____
IV. Student Services and Aids						
21. Are scholarships available?	_____	_____	_____	_____	_____	_____
22. Are part-time jobs available?	_____	_____	_____	_____	_____	_____
23. Are guidance services provided?	_____	_____	_____	_____	_____	_____
24. Is there a freshman orientation program?	_____	_____	_____	_____	_____	_____

Figure 8-3 College checklist.

(continued)

	Name of College		Name of College		Name of College	
	Yes	No	Yes	No	Yes	No
25. Are placement services available for						
(a) graduating seniors?						
(b) summertime jobs?						
26. Are health services provided?						
(a) Dispensary care?						
(b) Dental care?						
(c) Hospitalization plan?						
27. Can I get special scholastic help						
(such as tutoring) if I need it?						
V. Student Activities						
28. Fraternities and sororities?						
29. Honorary organizations?						
30. Social dancing permitted?						
31. Are campus recreational facilities available?						
32. Is there an intramural program?						
33. Major varsity sports?						
34. A convocation series?						
35. Dramatic opportunities?						
36. Music (band and glee club)?						
37. Any others you are particularly interested						
in: (item) _____						
VI. Any questions you want to ask? _____						

VII. Notes and comments _____						

(Student's Name) _____						

Figure 8-3 College checklist (*continued*).

Role placement assumes that experiencing different and significant roles is important for all developing pupils. Although many will experience some of these roles naturally and without planning, for the majority these developmental opportunities would be missed unless specific provisions are made. This is another opportunity for the school counselor and classroom teacher to work cooperatively in planning meaningful experiences that enhance both the instructional programs and the student's personal development. Significant role experiences would include opportunities to function periodically as a leader, a team member, an individual (isolated) worker, a teacher, an achiever, a responsible person, a social being, a person of authority and decision making, or one who serves others. A role assignment sheet, as illustrated in Figure 8-4, is a method of recording these experiences.

_____ Grade Class of _____ Period _____ to _____ B. D. Lewis Elementary School								
Role Assignments	Leader	Team Member	Individual Worker	Achiever	Responsibility	Social Leader	Decision Maker	Server
Pupils' Names								
1. Marie Adams								
2. Alyssa Debrovitz								
3. Marc Collins								
4. Chester Dent								
5. Charles James								
6. Kathryn James								
7. Liona Chan								
8. Archie Leedy								
9. Paul Lewis								
10. Katherine Louise								
11. Daniel Kim								
12. Matt Nuzrem								
13. Jack Smith								
14. Alex Wagner								
15. Heather Watson								
* Dates are entered where role is assigned. ✓ Indicates student has assumed or experienced this role and further assignment is not needed at this time.								

Figure 8-4 Role assignments.

Environmental Placement

Environmental placement can be another developmental activity. The major focus of this type of placement is to provide students with opportunities to experience other significant, yet distinctly different from their own, environments. An example is giving city youth opportunities to spend time in rural areas as part of farm days or country cousins programs. Urban youth may exchange places with farm youth for several days or weeks. Another example is a blend of educational preparation and environmental placement in which students spend some time in diverse collegiate settings.

Regardless of the nature of client placement, follow-up should also be planned. In the following section, reasons that clients are not placed and forgotten are set forth.

Follow-Up

Programs of placement activities, regardless of setting, must provide evidence of the effectiveness of their practices for both accountability and program improvement purposes. A large measure of supporting evidence for these purposes may be secured through carefully planned follow-up activities. As a complement to the guidance placement program, follow-up activities focus on effectiveness in placing persons for a variety of purposes and settings, as viewed not only by the clients but also by those to whom the client is responsible in such settings as job placement.

Follow-up data may be obtained through questionnaires, checklists, interviews, and phone calls. Placement follow-up with those placed usually focuses on how satisfied the persons are with their placement, the process, and the progress they believe they are making; adequacy of their previous preparation experience; and future plans and recommendations. Employers may be asked to respond concerning the adequacy of preparation and experience of the employee, adaptation to work, ability to work with others, progress anticipated by the employee, and recommendations for improving the placement process.

In college placement, follow-up may seek to identify how adequately prepared for college the entering student is, as well as areas of strength and weakness, the degree to which the student appears to be adjusting to college, and recommendations for improving the placement process. As follow-up data are collected, it is equally important to anticipate and plan for systematic utilization of the data.

In recognizing the importance of planning for career placement and follow-up, it is important also to be cognizant of the complexities and variables involved. In an effort to assist counselors and their clients to deal more effectively with those complexities and variables, computerized assistance systems have been and continue to be developed. Several of these systems are described in a later section in this chapter.

CAREER COUNSELING IN NONSCHOOL SETTINGS

The initial out-of-school career contacts of many youths will be made through the assistance of their state employment services. In these offices, career guidance activities may be based on a review and discussion of the applicant's qualifications and interests in relation to available employment opportunities. Appraisal instruments, such as the General Aptitude

Test Battery, may be used to further assist the client and the counselor in career planning. Counselors in these settings are usually especially well versed in local job opportunities and characteristics and usually have access to computerized job bank systems. These employment office counselors often work closely with high school counselors in facilitating the career planning and transitions of youths from school to work.

The young adult entering the workforce for the first time may encounter a number of challenges, including the following:

- The individual discovers discrepancies between what he or she anticipated upon entry into the workplace and what is actually encountered. This initial letdown or disillusionment can affect the individual's initial attitude and achievements.
- Adjusting to supervision and direction from superiors as well as adhering to company policies can be frustrating to those who were recently free-spirited students.
- The assumption of complete responsibility, especially financially, for one's own life and lifestyle can be a burden if the individual is unprepared.
- The possibility of marriage brings another major responsibility and dramatic change in the individual's lifestyle to mesh with his or her career entry. Later, for many, the addition of children to the family results in additional and usually continual adjustments as the child progresses through the developmental stages.
- The individual may suddenly have less free time and may encounter changes in the types of leisure activities in which he or she engages.

Career counseling can function at the pre-entry level to assist the individual in realistically entering the workplace, as well as locating a first job commensurate, to the degree possible, with the client's interests and expectations. Counselors can also assist clients in their initial adjustments to the demands of the workplace, marriage, and changing lifestyle. Counselors in community mental health agencies, community career centers, employment offices, employee assistance programs (EAPs), and private practice may be called upon to provide young clients with career assistance.

Career counseling and placement, however, can no longer be considered an activity that focuses on youth alone. A variety of factors have resulted in significant changes in the careers of adult populations. Those changes, some of which were noted previously in this chapter, in turn have influenced the career counseling and placement efforts in governmental and business settings. Contributing factors include the impact of technological and social change, shifts in societal and consumer values, a population that is growing older and is capable of working longer, economic necessity, and international market influences. The significant movement of jobs out of the United States, and the additional loss of jobs to out-of-the-country workers constitute a comparatively new dynamic influencing careers and career opportunities in the United States.

Moreover, technological change has resulted in such related societal changes as population shifts and altered consumer demands. It has resulted in the production of such products as cell phones, microwaves, computers, MP3 players, and so on. These new technologies have resulted in the development of industries to produce these items. These industries, which in past generations would have been located in the United States, have with increasing frequency been located in countries with cheap but relatively well-educated populations, such as China and India.

These changes have had an impact on occupations not directly affected by changing technologies. Human service occupations are a good example. Thousands of young adults

entered educational programs in these fields. When they graduated several years later, they frequently found the labor market quite different from what it was when they began their schooling. Many could not find jobs in their career areas; others took jobs for which they were overqualified and underpaid.

As technological and social changes become more rapid, predicting the future of the workforce becomes increasingly difficult. During recent generations, social and cultural changes have also altered traditional concepts and expectations that resulted in sex role stereotyping in the world of work. As noted previously in this chapter, this situation has led not only to more female engineers, construction workers, and airplane pilots (and more male nurses and elementary school teachers) but also to an increasing number of women who, in the process of combining careers and marriage, interrupt their careers for child rearing before returning to the labor force.

In short, midlife career changes and entries are becoming commonplace for both men and women.

Every occupation is represented, but some are more visible than others. Classic cases of midlife career change can be found in the ranks of those who put in twenty years or so in the military or in municipal activities, such as fire and police protection and then retire at a relatively young age, free to pursue a second career. In the 1970s, thousands of engineers and scientists became unemployed because of substantial cuts in space and defense spending; these workers in declining industries were often forced to seek unrelated types of employment, or to take lesser paying jobs in the same occupation. More recently, the field of education has experienced cutbacks, causing teachers and other educational personnel to switch career paths. Whether voluntary or involuntary, it is clear that midlife career change is a visible phenomenon and that a significant proportion of workers will not fit the one life one occupation mode. (Herr and Cramer, 1996, pp. 535–536)

Though midlife career changes may be commonplace, even anticipated by many workers, such changes can bring adjustment as well as decision-making difficulties. Some adjustments will be the result of adapting to a new work routine with new skills, new work associates, and possible movement to a new environment and new way of life. Also, some will view the necessity or desirability of career change as a reflection on their status as valued workers and an indication that they have erred in their earlier career planning. Marital relationships can be threatened, even when one of the spouses is not facing career change, and existing problems are often agitated further.

In counseling this more mature and work experienced group, the career counselor will want to consider the following counseling goals (many of which involve reassurance and immediate assistance) outlined by Herr and Cramer (1996):

1. Provide support in building and maintaining positive attitudes toward one's worth and dignity. Is the individual confusing temporary rejection as a worker with rejection as a human being? Does the individual have a work history of rejection? Does the person express feelings of hopelessness, worthlessness, obsolescence, despair? Is confidence shattered?
2. Explore possible retraining and other avenues for improving employment opportunities.
3. Provide any and all geographic information. Does the individual know where the best markets for employment are? Is mobility a problem?
4. Assess the actual reasons for employment difficulties. For example, is the person coming for assistance because of layoff, resignation, sickness, retirement, or firing?

5. Assist individuals in accurately gauging their present state of motivation, the expectations they hold for future employment, and their perceptions of themselves as workers.
6. Especially with managerial, professional, and technical occupations, help the individual to consider the relative importance of such factors as salary, use of abilities, status, amount of responsibility, security, opportunities for advancement, chance to make a contribution, and so on. Also important is the need to explore the possibilities and consequences of occupational downgrading and salary decrease.
7. Assist in developing job-seeking behaviors, if necessary.
8. Provide placement and follow-up services if no other opportunities exist in the area served; refer to appropriate agencies and institutions if placement services are available. (pp. 546).

Many of those seeking new careers will probably again seek the assistance of counselors in the Employment Security Division of the U.S. Department of Labor. The Comprehensive Employment and Training Act (CETA) of 1982 is an early example of federal assistance to state and local governments for the purpose of developing training programs to meet local job needs. This program has a wide range of training activities aimed at economically disadvantaged youth and adults.

In 1994 the School to Work Opportunities Act was passed by Congress and enacted into law. This act is administered by the National School-to-Work Office under the joint direction of the U.S. Departments of Labor and Education. The act encourages educational and career opportunities for all students by creating a framework for business and educational partnerships at the state and local levels. These partnerships help students make the vital connection between what they learn in school and in the workplace and helps prepare them for good careers and advanced education and training. Other state and/or federal government programs include provisions for school-to-work transition programs, senior community service employment, job corps, and work incentive programs. State rehabilitation agencies provide career counseling and other services to those eligible.

More recently, Congress enacted the Workforce Investment Act (WIA) in 1998. WIA consolidated a number of Labor Department job training programs and created one-stop centers in every state to help job seekers navigate within the otherwise bewildering system of federal job-training programs.

Although ideally much midlife career change and career retirement counseling would take place in the workplace, some obstacles still impede this development. However, career development programs that provide supporting counseling services have become popular in business and industry.

The top 10 personal qualities/skills employers seek, according to the National Association of Colleges and Employers (NACEWeb, 2006) are as follows:

1. Communication skills (verbal and written)
2. Honesty/integrity
3. Teamwork skills (works well with others)
4. Strong work ethic
5. Analytical skills
6. Flexibility/adaptability
7. Interpersonal skills (relates well to others)
8. Motivation/Initiative

9. Computer skills
10. Detail-oriented

NACE also conducted a 2006 survey (NACEWeb, 2006) ascertaining what graduating college students look for when choosing an employer:

1. Enjoying what I do
2. Integrity of organization in its dealings with its employees (treats them with honesty and fairness)
3. Ethical business practices (doesn't cut corners or break any laws)
4. Good benefits package
5. Stability (provides secure future)
6. Opportunity for advancement
7. People you can work with
8. Continuing education/training opportunities
9. Job location
10. High starting salary

It is important that youths seeking employment understand and are aware of these qualities that are important to the employer.

Moving along the maturity continuum, the aging of the United States is another phenomenon that is increasingly challenging those responsible for providing career counseling in institutional and agency settings. As people marvel at the artistic accomplishments of Grandma Moses at 100, Pablo Picasso at 90, or George Burns's Academy Award-winning performance in *The Sunshine Boys*, one must be aware that age is not an inevitable barrier to career accomplishments. Coupled with this is an awareness that life expectancy is increasing at the same time that human physical well-being and vigor are steadily improving for all age groups. It can be anticipated that increasing numbers of older and healthier citizens will be capable and desirous of work.

As with other age groups, the older U.S. worker is entering a changing era highlighted by the virtual abolition of mandatory retirement. Age-based mandatory retirement was eliminated for all but a few special circumstances by the 1986 amendments to the 1967 Age Discrimination in Employment Act. Although on the surface this would appear to ensure that older workers could work as long as they wish, the restructuring of the world of work and its labor economy has resulted in older workers being prematurely forced into early retirement. This, at a time when more and more of the elderly are living longer, healthier lives, is a source of concern. As a result counselors in corporate employee assistance programs are being called upon with increasing frequency to assist older employees to prepare psychologically as well as economically for retirement or alternate career possibilities. Counselors in other nonschool settings, including senior centers, churches, YWCAs, YMCAs, and elderhostels, are noting that many older retirees want to continue in or return to the workforce. Some wish to do so for economic reasons; for others there may be feelings of a loss of worth, status, or belonging; a sense of loneliness; and the lack of opportunity to associate with others. Some retirees report boredom, saying that they have no meaningful leisure-time activities.

In assisting this client population, counselors must identify the expectancies and desires of the individual. In some instances, clients may be assisted in examining part-time or full-time reemployment options, or they may be given a more realistic view of retirement and retirement living.

In some situations the exploration of meaningful leisure-time and volunteer activities may be helpful. Elderly support groups may assist in coping with the loss of a spouse, a close friend's changing lifestyle associated with aging and retirement, or leisure planning and reentry into the job market.

COMPUTERIZED CAREER ASSISTANCE SYSTEMS

Computer usage has continued to increase rapidly while gaining increased public acceptance. Computers, already popular in business, industry, and higher education, are now commonplace in schools at all levels, and the current boom in home computers appears likely to continue. Young people's fascination with this technological marvel is reflected not only in their patronage of video arcades and purchase of computerized video games but also in their quest for knowledge and use of even the most sophisticated of computers. In fact, it may be that youth have become the most computer-literate group.

The attraction of students at all age levels to the computer has given schools unprecedented opportunities for its utilization in motivation and learning. This potential exists for school counseling programs as well, especially in providing career information and assistance.

Computer usage in counseling programs in educational settings is not new, having been around since the 1960s, but the introduction of the microcomputer in the 1970s promoted major changes as well as opportunities for the utilization of computer-assisted career guidance systems. The economic and technical advantages of microcomputers continue to be a major stimulus to their use in school settings for career counseling and guidance purposes.

In the following sections, two types of systems are briefly described: (a) information systems and (b) guidance systems.

Information Systems

Information systems are generally designed to provide users with a structured search scheme for occupations and to disseminate occupational and educational information to users. These procedural steps may be used separately or in sequence. In the former, the user may complete exercises or provide ratings, even test scores, indicating interests and aptitudes as a basis for the computer's search for compatible occupations. In the information accessing process, the user can access general information regarding specific occupations. The computer may also be programmed to respond to certain specific questions the user may ask about the occupation.

The development of information systems was greatly stimulated by grants provided by the U.S. Department of Labor and the National Occupational Information Coordinating Committee, which enabled states to develop statewide career information systems. Many of these, known as career information systems (CIS), emphasize local and regional information.

Another information system, identified as the guidance information system (GIS), provides access to various kinds of national data regarding careers, educational opportunities, and the armed services. Several interest inventory systems are available as options.

Guidance Systems

Guidance systems are broader in scope and more instructional than information systems, providing in addition to the organized search and dissemination functions of information systems modules such as self-assessment, instruction in decision making, and future

planning. The two most popular of these are the System of Interactive Guidance and Information (SIGI), now updated as SIGI PLUS, developed and marketed through the Educational Testing Service of Princeton, New Jersey; and the Discover System, developed by JoAnn Harris-Bowlsbey and marketed through Discover, Inc., of Hunt Valley, Maryland, and the American College Testing Program.

The SIGI system was designed originally to assist college and college-bound students and out-of-school adults. It is now applied to students in 4-year schools and to adults in a wide range of settings. SIGI PLUS consists of nine modules: (a) Introduction (orientation to the process), (b) Self-assessment, (c) Search (of possible preferred occupations), (d) Information (regarding possible occupations), (e) Skills, (f) Preparation, (g) Coping (can the individual do what is required), (h) Deciding (decision making), and (i) Next Steps (putting a plan into action).

The DISCOVER system offers different programs for junior/middle school, high school, adults in transition, employees and organizations, and those approaching retirement. The junior/middle school version includes assessment of interests and abilities. The popular high school version has seven modules:

Module 1

Beginning the Career Journey

Administers and scores a career maturity inventory and suggests parts of DISCOVER to be used.

Module 2

Learning About the World of Work

Helps users understand American College Testing's World-of-Work Map.

Module 3

Learning About Yourself

Administers and scores on-line assessment and inventories and accepts results of paper and pencil versions.

Module 4

Finding Occupations

Generates occupation lists from the results of Module 3.

Module 5

Learning About Occupations

Provides national details about hundreds of occupations and includes local or state information if customized.

Module 6

Making Educational Choices

Helps users select a training pathway.

Module 7*Planning Next Steps*

Provides details about educational opportunities and develops job-seeking skills. DISCOVER is published by American College Testing: Iowa City, IA. (American College Testing, 2001).

The college versions add modules in career planning and transitions. The organizational and retirement versions consist of four modules, each unique to organizational settings or retirement planning.

Beginning in the mid-1990s and continuing into the new century, the need for adult counseling and career placement services increased dramatically. This need, brought about by downsizing in many of the nation's industries, the merging of others, and an emphasis throughout industry on cutting production costs. The result was not only pools of unemployment but also a large number of temporary or transitional employees. The rise in temporary employment, while beneficial to business and industry, provided the temporarily hired individual with limited retirement funding and often no health insurance—and, of course, no guarantee of future employment.

Career Information and the Internet

The Internet has made available huge volumes of information on any given research topic. The following are a number of Web sites related to career awareness. Please keep in mind that it is not possible to list everything. One may, by following links from the sites indicated, find other interesting sites (Cutshall, 2001, p. 32):

- About.com: Career Planning
careerplanning.about.com
- America's Career Info Net
www.acinet.org/acinet
- America's Job Bank
www.ajb.dni.us
- Best Jobs USA
www.bestjobsusa.com
- Campus Career Center Worldwide
www.campuscareercenter.com
- Career Builder
www.careerbuilder.com
- Career Consulting Corner
www.careercc.com
- CareerExplorer.net
www.careerexplorer.net
- Career/Life Skills
www.career-lifeskills.com
- Career Magazine
www.careermag.com
- Career Management International
www.cmi-lmi.com/kingdomality.html

I Could Be
www.icouldbe.org
 JobBank USA
www.jobbankusa.com
 Job Profiles
www.jobprofiles.com
 Mapping Your Future
www.mapping-your-future.org
 Monster.com
www.monster.com
 Monstertrak
www.monstertrak.monster.com
 Princeton Review Career Quiz
www.review.com/career
 Vocational Research Institute
www.vri.org

Please see Table 8-5 for a taxonomy of face-to-face and technology-assisted distance counseling.

Table 8-5 A taxonomy of face-to-face and technology-assisted distance counseling.

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- Face-to-face counseling
 - Individual counseling
 - Couple counseling
 - Group counseling
 - Technology-assisted distance counseling
 - Telecounseling
 - Telephone-based individual counseling
 - Telephone-based couple counseling
 - Telephone-based group counseling
 - Internet counseling
 - E-mail-based individual counseling
 - Chat-based individual counseling
 - Chat-based couple counseling
 - Chat-based group counseling
 - Video-based individual counseling
 - Video-based couple counseling
 - Video-based group counseling
-

Source: The Practice of Internet Counseling. (2001). National Board for Certified Counselors, Inc.; and Center for Credentialing and Education, Inc.: Greensboro, NC 27403-3660, p. 2. Reprinted with the permission of the National Board for Certified Counselors and Affiliates, 3 Terrace Way, Suite D., Greensboro, NC 27403-3660.

The delivery of technology-assisted distance counseling continues to grow and evolve even though controversy regarding this approach continues. Within this category, telephone counseling is also widely available, and it too has been subject to considerable controversy.

Ethical Considerations

The rapid growth of computer usage in the field of counseling and its anticipated increased future usage have raised certain ethical questions related to the use of computers in counseling. Potential problems in client confidentiality, misinterpretation by clients of tests results and other data, and lack of appropriate counselor interaction with clients are but a few examples. The principles suggested by Sampson and Pyle (1983) appear to continue to be appropriate ethical guidelines when using computer-assisted counseling, testing, and guidance systems. They are as follows:

1. Ensure that confidential data maintained on a computer are limited to information that is appropriate and necessary for the services being provided.
2. Ensure that confidential data maintained on a computer are destroyed after it is determined that the information is no longer of any value in providing services.
3. Ensure that confidential data maintained on a computer are accurate and complete.
4. Ensure that access to confidential data is restricted to appropriate professionals by using the best computer security methods available.
5. Ensure that it is not possible to identify, with any particular individual, confidential data maintained in a computerized data bank that is accessible through a computer network.
6. Ensure that research participation release forms are completed by an individual who has automatically collected individually identifiable data as a result of using a computer-assisted counseling, testing, or guidance system.
7. Ensure that computer-controlled test scoring equipment and programs function properly, thereby providing individuals with accurate test results.
8. Ensure that generalized interpretations of test results presented by microcomputer-controlled audiovisual devices accurately reflect the intention of the test author.
9. Ensure that a client's needs are assessed to determine if using a particular system is appropriate before using a computer-assisted counseling, testing, or guidance system.
10. Ensure that an introduction to using a computer-assisted counseling, testing, and guidance system is available to reduce possible anxiety concerning the system, misconceptions about the role of the computer, and misunderstandings about basic concepts or the operation of the system.
11. Ensure that a follow-up activity to using a computer-assisted counseling, testing, and guidance system is available to correct possible misconceptions, misunderstandings, or inappropriate use as well as assess subsequent needs of the client.
12. Ensure that the information contained in a computer-assisted career counseling and guidance system is accurate and up-to-date.
13. Ensure that the equipment and programs that operate a computer-assisted counseling, testing, and guidance system function properly.
14. Determining the need for counselor intervention depends on the likelihood that the client would experience difficulties that would in turn limit the effectiveness of the system or otherwise exacerbate the client's problem. It is the counselor's responsibility

to decide whether the best approach to avoiding the previous problems for a specific client population is direct intervention or indirect intervention through the use of workbooks, self-help guides, or other exercises. (pp. 285–286)

In 1997, the National Career Development Association (NCDA) approved the *NCDA Guidelines for the Use of the Internet for Provision of Career Information and Planning Services*. Please refer to Appendix H for the full text of this document.

Certainly, we must hope that rapid developments in computer technology will not “outrun” careful consideration of the ethical issues involved.

Counselors also have an ethical responsibility to be aware of and strive to meet the career counseling competencies as identified by the NCDA. These competencies may be retrieved from NCDA’s Web site (www.ncda.org). These are especially significant for those specializing in career counseling or those whose job descriptions require significant attention to the career needs of their clients.

SUMMARY

Dramatic changes in recent decades in the world of work and the increased need for career assistance among all ages has resulted in a new impetus for career counseling and placement in both school and agency settings. In the past, career counseling was a recognized activity of most school counseling programs, but it received little curricular emphasis and, as a result, was less than effective in many settings. The career education movement of the 1970s, however, led schools to recognize the inseparability of career education and career counseling and guidance. Career counseling programs were also encouraged to provide increased attention to placement and follow-up as planned program activities. This emphasis has been prompted by legislative funding and recognition that career development without placement is an incomplete process. In this area, significant developments in computerized career assistance programs have been noted.

The concern over career planning and decision making has focused attention on why people make the decisions they do and with what results. To help develop an understanding of these issues, a number of the traditional theories were reviewed in this chapter. Some investigators are challenging these theories as inappropriate for today’s populations and careers.

Agencies and other noneducational institutions that, in the past, were primarily concerned with career placement of first-time job seekers are now recognizing the probability and importance of midlife career changes,

the possibility of employment in a new field after retirement, and the elimination of many traditional barriers to the employment of women, minorities, and older adults. Additionally, attention is being focused on increased recognition of the career needs of workers with disabilities and the career concerns of dual-career couples. These and other factors have led to a renewed interest in and examination of influences on career planning and decision making of adults. Also, the unique career assistance needs of older, retiring Americans is receiving increased attention. Career counseling throughout the life span is becoming a reality.

Historically, career counseling has been a concern and activity of counselors. Chapter 9 discusses a comparatively recent development in our profession: the counselor’s role as a developmental and educational consultant.

DISCUSSION QUESTIONS

1. What are the differences among career education, vocational education, and business education?
2. If we anticipate that many adults will have as many as seven major career changes during their working lifetimes, what are the implications for counseling in all settings? Identify five different careers you might consider. What alternate careers would you consider if required to do so?
3. Discuss this multipotentiality of individuals and the implications of this for career planning and decision making.

4. What significant changes have occurred in careers and the world of work as you have observed them in recent generations? What changes may be anticipated in the remainder of this century?
5. Discuss a career in counseling as "a way of life."
6. Why have you decided to enter your chosen career? What do you expect to give to this career? What do you anticipate you will receive from it?
7. Discuss the impact of significant career development experiences in your life.
8. How are technological developments affecting the way we work?
9. Discuss relationships between leisure time and work time.
10. Identify and discuss the relationship between basic needs and career decisions.
11. What are some of the possible problems with on-line testing?

CLASS ACTIVITIES

1. Identify the significant influences on your career planning and decision making. Following a discussion of these with other class members (in small groups), identify the theory of career choice that seems most appropriate for each of your choices. Assemble in groups, according to the theories you have identified, and compare the influencing factors for all group members.
2. Draw a career map (using newsprint and felt pens, with stick figures and simple drawings going from lower left to upper right) that depicts significant events and influencing factors in your career development and experiences.
3. Organize into small groups to investigate career-oriented societal problems of a career nature and recommend national and/or local solutions. Problems might include concerns such as unemployment for a special population (i.e., minorities, youth, women), underemployment for a special population, substance abuse in the workplace, dual-career families and latchkey children, and school dropouts and career failures.

4. Discuss your personal experiences with career assessment instruments, or take a career interest or aptitude test and report your impressions of the results.
5. Interview individuals either entering the workforce for the first time or those approaching retirement regarding their expectations for the coming year.
6. In small groups, design and identify the activities of an inner-city career center for the poor.
7. In small groups, design a mobile career center for a rural area's population and schools.

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The Counselor as Developmental and Educational Consultant

A network television news program recently carried a report that a group of big business executives was going to offer its consulting services to small businesses to aid their survival chances. These business people were referred to as *consultants*—a term so common that the newscaster did not bother to define it. Consultation as an activity and consultant as a career label became increasingly prevalent in the last generations of the 20th century. Although generally recognized as originating in the medical profession in the 19th century, today many career areas use the label *consultant*. This includes such common examples as loan consultant, landscape consultant, travel consultant, tax consultant, automotive sales consultant, ad infinitum. This growth in the counseling profession has undoubtedly been stimulated by the development of such subspecialties as marriage and family, career, and mental health problems of children. It follows then that consultation within the counseling profession can occur in a variety of settings.

A consultant is usually an expert in a field who consults with or offers her or his expertise, knowledge, or skill to others both inside and outside the career area. In fact, the activity is so ubiquitous in the business world that we frequently hear humorous definitions of a consultant, such as “anyone 50 miles from home with a briefcase” or “one who pulls in, pops off, and pulls out.”

Consultation as a mental health and educational activity is less well recognized and understood, although mental health consultation has a long tradition in the healing arts. The objective of this chapter is to introduce and describe the activity of consulting and the counselor’s role as a consultant.

The consultant engages in consultation when his or her expertise is requested by another party or organization, usually to enable the requesting party or organization to assist a third party or organization.

The consultant is the helper in a triad that includes a consultee and the object of the consultation. For example, a mental health counselor may serve as a consultant to parents who want to improve their children’s social skills; unlike counseling, this is not a therapeutic relationship. It is also important to keep in mind that the consultant’s role is an advising or enhancing one, not a supervisory one. Remember, too, that these distinctive roles are maintained throughout the consultation experience and that their identities are not blurred or distorted in any way.

Consultation in its application to counseling as a mental health activity in schools has been even less widely recognized and defined. Most of the attention given to consultation as a school counseling activity before the 1970s seemed to suggest that it was primarily

appropriate only for the elementary school. Articles such as "Consultation to a School Guidance Program, (Abbe, 1961), "Depth Consultation with Parents" (Crocker, 1964), "Elementary School Guidance: The Consultant" (Eckerson & Smith, 1962), and "The Counselor as a Consultant to Teachers" (Faust, 1967) dealt with consultation in elementary school guidance programs. No mention at all of consultation as a school counseling activity was made in some of the popular basic guidance texts of the 1950s and 1960s, such as *Principles of Guidance* (Jones, 1963), *The Guidance Function in Education* (Hutson, 1958), *An Introduction to Guidance* (Crow & Crow, 1960), *Guidance: An Introduction* (Ohlsen, 1955), and *Guidance Services in Schools* (Froelich, 1958).

In discussing consultation in his early landmark publication *The Counselor-Consultant in the Elementary School*, Faust (1968) noted:

Although counseling has been described and researched for many years, this is not true of consultation. The latter has been practiced for as many years as counseling, if not longer, but the literature is strangely sparse in its treatment of this role. (p. 32)

Although these early discussions focused on mental health consultation in community agencies, industrial settings, and the elementary school, consultation is now recognized as an appropriate counselor activity in any setting. This includes secondary schools and higher education institutions and has developed rapidly.

For example, the American Counseling Association (then called the American Personnel and Guidance Association) devoted two consecutive special issues of its *Personnel and Guidance Journal* to the counselor's role and function as a consultant at all educational levels, as well as in community and other mental health settings. Kurpius and Robinson were the editors of these two special issues: "Consultation I: Definition-Models-Programs" (1978a); and "Consultation II: Topical Issues and Features in Consultation" (1978b).

In July 1985, *The Counseling Psychologist* produced its own special issue that examined the counselor as consultant (Brown & Kurpius, 1985a). In 1988 the Association for Counselor Education and Supervision published two monographs focusing on consultation (Kurpius & Brown, 1988; Brown, Kurpius, & Morris, 1988). In 1993, the American Counseling Association devoted two special issues of the *Journal of Counseling and Development* to this topic (Kurpius & Fuqua, 1993a; Kurpius & Fuqua, 1993c). The interest that consulting holds for the profession is evident and worthy of our attention. A review of the professional literature suggests that counselors are engaging in a wide range of consulting activities in a variety of settings. Next, we examine the process as well as some of the roles and models for consultation.

THE CONSULTATION PROCESS

When counselors function as consultants, they must keep in mind (a) the objectives or purposes of consultation and (b) certain assumptions that are basic to the consultation process. A major purpose of consultation is, of course, to solve problems. There are occasions, however, when consultation may focus on situations requiring enhancement, motivation, and/or individual or staff development.

Basic assumptions to the process of consultation are these:

- The need that exists cannot be adequately met by the individual or organization requesting consultation.
- The consultant possesses the special expertise to appropriately assist the requesting party.
- The requesting party (the consultee) has the capacity to implement the consultant's recommendations.
- The consultant understands the organizational and environmental context within which his or her suggestions will be applied and is aware of the possible consequences of these suggestions beyond problem solutions.

Even though the process of consultation is initiated by the consultee in need of assistance, the consultant must keep in mind that consultation is not primarily therapeutic in nature. In other words, those seeking consultative assistance do not usually come to the counselor-consultant for personal counseling; rather, they come for assistance with a usually well-defined professional problem.

Another view of the consultation process might be to examine the stages through which the process moves, as listed here:

1. A description of the situation
2. An analysis of the problem
3. Selection of the solution
4. Application of the solution
5. Evaluation of the process and outcome.

CONSULTATION MODELS

The increase in popularity and demand for consultation services has led to the development or identification of several models or styles appropriate to the consultation process. Authorities on consultation differ somewhat in the organization or categorization of theories or systems for providing consultation services, but their similarities far exceed their differences.

The traditional historic model that highlights the basic consultation process is a triadic model, as suggested by Tharp and Wetzel (1969). In this model, consultation services are offered indirectly through an intermediary to a target client or clients. The consultation process is illustrated in Figure 9-1. This figure displays the activities of all participants in the consulting process.

Finally, in this section we would note that consultation should not be confused with cooperation or collaboration.

Four popular consultation models suggest the counselor consultant can function effectively by (a) providing a direct service to a client identified by another party, (b) prescribing a solution to a specific problem identified by a consultee, (c) assisting others in developing a plan for problem solution, and (d) taking direct responsibility for defining a problem and proposing a solution. Kurpius (1978) and Kurpius and Fuqua (1993b) organized these functions into four consulting modalities as follows:

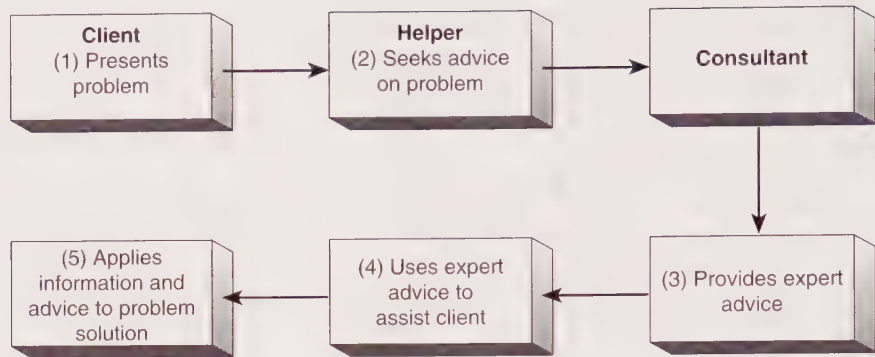


Figure 9-1 The consultation process.

Provision Mode

The provision mode of consultation is commonly used when a potential consultee finds himself confronted with a problem for which he or she may not have the time, interest, or competence to define objectively, to identify possible solutions, or to implement and evaluate the problem-solving strategy. Consequently, a consultant is requested to provide a direct service to the client, with little or no intervention by the consultee after the referral is accepted.

Prescriptive Mode

Sometimes consultees experience unusual work-related problems for which they request special help. Even though competent and motivated to solve the problem directly, the consultees may lack confidence in their own intervention strategy or may lack certain specific knowledge and skills for carrying out a given problem-solving plan.

In these situations, the consultee is often in need of a resource person (consultant) to support the diagnosis and treatment plan already developed by the consultee or to explore additional alternatives for defining and solving a specific problem.

There are other times, however, when a consultee is looking for an exact “prescription” to ameliorate a specific problem. While the prescriptive mode is quite appropriate for many situations, there are four questions that should be answered jointly by the consultant and consultee: (a) Has all the information needed to define and solve the problem been shared and is [it] accurate? (b) Has the plan prescribed by the consultant been accepted by the consultee and will it be implemented as designed? (c) Who will evaluate the “process” and “outcomes” associated with the prescriptive plan—the consultant, the consultee, or both? (d) Will adjustments in the prescription, if needed, be requested by the consultee?

Collaboration Mode

When following the collaboration mode the consultant’s goal is to facilitate the consultee’s self-direction and innate capacity to solve problems. As a result, the consultant serves more as a generalist than a technical expert. His major efforts are directed toward helping people develop a plan for solving problems. Hence he acts as a catalyst and “reality tapper,” helping consultees to share observations, concepts, and proven practices. He also helps consultees examine forces that are facilitative or debilitative in both the immediate and larger environments.

Mediation Mode

Mediation is uniquely different from the other three modes of consultation in which the consultee initiates the contact and requests help for solving a problem. In mediation, it is the consultant who recognizes a persisting problem, gathers, analyzes, and synthesizes existing information, defines the problem, decides on the most appropriate intervention, and then calls together the persons who have direct contact with the problem and have the greatest potential to influence a desired change. (Kurpius, 1978, p. 335)

Schein (1978, 1991) organizes the consultation process into three models. The assumptions of these models are as follows:

Model I: Purchase of Expertise

The core characteristic of this model is that the client has made up his or her mind on what the problem is, what kinds of help are needed, and to whom to go for this help. The client expects expert help and expects to pay for it, but not to get involved in the process of consultation itself.

In order for this model to work successfully, the following assumptions have to be met, however.

1. That the client has made a correct diagnosis of his or her own problem.
2. That the client has correctly identified the consultant's capabilities to solve the problem.
3. That the client has correctly communicated the problem.
4. That the client has thought through and accepted the potential consequences of the help that will be received.

In summary, this model of consultation is appropriate when clients have diagnosed their needs correctly, have correctly identified consultant capabilities, have done a good job of communicating what problem they are actually trying to solve, and have thought through the consequences of the help they have sought. As can be seen, this model is "client intensive," in that it puts a tremendous load on the client to do things correctly if the problem is to be solved. If problems are complex and difficult to diagnose, it is highly likely that this model will not prove helpful.

Model 2: Doctor-Patient

The core of this model is that the client experiences some symptoms that something is wrong but does not have a clue as to how to go about figuring out what is wrong or how to fix it. The diagnostic process itself is delegated completely to the consultant along with the obligation to come up with a remedy. The client becomes dependent upon the consultant until such time as the consultant makes a prescription, unless the consultant engages the client in becoming more active on his or her own behalf. Several implicit assumptions are the key to whether or not the doctor-patient model will in fact provide help to the client.

1. That the client has correctly interpreted the symptoms and the sick "area."
2. That the client can trust the diagnostic information that is provided by the consultant.
3. That the "sick" person or group will reveal the correct information necessary to arrive at a diagnosis and cure, i.e., will trust the doctor enough to "level" with him or her.
4. That the client has thought through the consequences, i.e., is willing to accept and implement whatever prescription is given.
5. That the patient/client will be able to remain healthy after the doctor/consultant leaves.

In summary, the doctor patient model of consultation highlights the dependence of the client on the consultant both for diagnosis and prescription and thus puts a great burden on the client to correctly identify sick areas, accurately communicate symptoms, and think through the consequences of being given a prescription.

Model 3: Process Consultation

The core of this model is the assumption that for many kinds of problems that clients face, the only way to locate a workable solution, one that the client will accept and implement, is to involve the client in the diagnosis of the problem and the generating of that solution. The focus shifts from the content of the problem to the process by which problems are solved, and the consultant offers “process expertise” in how to help and how to solve problems, not expertise on the particular content of the client’s problem. The consultant does not take the problem onto his or her own shoulders in this model. The “monkey always remains on the client’s back,” but the consultant offers to become jointly involved with the client in figuring out what is the problem, why it is a problem, why it is a problem right now, and what might be done about it. This consulting model is not a panacea appropriate to all problems and all situations. It also rests on some specific assumptions that have to be met if the model is to be viewed as the appropriate way to work with a client.

1. That the nature of the problem is such that the client not only needs help in making an initial diagnosis but would benefit from participation in the process of making that diagnosis.
2. That the client has constructive intent and some problem-solving ability.
3. That the client is ultimately the only one who knows what form of solution or intervention will work in his or her own situation.
4. That if the client selects and implements his or her own solution, the client’s problem-solving skills for future problems will increase.

How does the consultant implement the process consultation model? The basic principle is to get into the client’s world and see it initially from the client’s perspective. This usually means paying attention to the task process—and how the problem is defined, how the agenda is set, how information is gathered, how decisions are made, all the activities that make up the “problem-solving process.” (Schein, 1978, pp. 340–342)

It has become a principle in education and psychology that it is far better in the long run to teach others to be effective problem solvers than it is merely to solve a given problem for them. Thus, the more effective organizational consultants will leave the organization with a model that has been learned and can be independently implemented. (Fuqua & Kurpius, 1993, p. 607)

Fuqua and Kurpius (1993) developed the five conceptual models presented in Table 9-1.

Blocher (1987) identified seven models of consultation:

1. *Triadic consultation*—three distinct roles characterize this model: the consultant who provides the expertise, the mediator who applies what he or she receives from the consultant, and the client who is the object or recipient of the service.
2. *Technical consultation*—a more narrow and focused intervention in which a consultant’s expertise is sought in relation to a specific situation or problem.
3. *Collaborative consultation*—suggests a cooperative relationship in which information and resources are pooled and the consultant and consultee work together as equal partners in the process.

Table 9-1 Integrating conceptual models.

Conceptual Model	Operating Frames			
	Reactive	Responsive	Proactive	High Performing
Systems Theory	Where is the breakdown? What subsystem is causing the problem?	Who's responsible for what?	How do we refine our system for the long term?	How does a system achieve flexibility?
Organizational Culture	Who is causing us pain and why?	How do we resolve conflict?	How is our culture affecting us?	How do we manage our culture for improving the quality of life?
Strategic Planning	How do we alleviate the pain in the short term?	What needs to work better? How do we correct it?	How do we develop a plan for moving forward?	How does strategic planning become part of our system?
Organizational Change Cycles	How did we "bottom out" developmentally?	How do we cope with these circumstances?	How do we get to the developmental phase?	How do we monitor and influence normal developmental cycles?
Paradigm Shift Thinking	How can we relieve stress without changing our thinking?	What thoughts need to be adjusted?	Is our thinking congruent with our purposes?	How can we continually update our knowledge and our thinking in a changing world?

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4. *Facilitative consultation*—the consultant facilitates the consultee's access to a variety of new resources. In this model both parties recognize the consultant's legitimate interest in the broad aspects of the functioning of the consultee system.
5. *Mental health consultation*—the consultant assists a consultee (therapist) to gain a better understanding of one's interaction with a client through such means as analyzing the treatment approach, consideration of their (consultee's) responses to their client and in general, providing support to the consultee.
6. *Behavioral consultation*—focused on the use of behavioral management techniques as suggested or taught by the consultant to a consultee in order to influence or shape the behavior of the consultee's clients in a systematic way.
7. *Process consultation*—the consultant delivers services to an organization in order to increase the effectiveness of a work group in reaching its goals. This consultation addresses the interactions among groups of individuals who work with each other in face-to-face relationships. (pp. 264–270)

Regardless of which approach or model may be selected, certain characteristics would appear to be common in the consultation process.

1. The service is indirect.
2. The solution and its application are a collaborative effort.
3. The consultant and the client collaborate in planning for problem solution.
4. The desired outcome is the resolution of the problem.

CONSULTATION SKILLS

As with all counseling and guidance activities, if the counselor is to function effectively as a consultant in either agency or school settings, he or she will need certain special skills:

- The special expertise needed to provide effective consultation for the identified need, knowledge of and experience in the consultation process
- The recognition and understanding of differing environments and their impacts on populations and organizations

Of course, the counselor who is functioning in a consultation role should possess and employ the skills essential in the counseling process. Certainly communication and other interpersonal skills such as attending, listening, questioning, and feedback are critical. Respect and understanding should be exhibited, and the consultee should be encouraged to contribute his or her ideas and insights. Consultants should possess expertise in systematic problem-solving techniques and evaluation procedures as well. The counselor's skills in facilitating groups can be very helpful. Counselors must also possess the ability to effectively assume different roles as needed during the consultation process. These include roles as facilitators, coordinators, mediators, planners, educators, and motivators.

CONSULTATION IN SCHOOL SETTINGS

In school settings, counselors who function in a consulting role are in effect giving their special expertise to teachers, school administrators, and other appropriate personnel. In this role, they become a resource professional for the developmental or adjustment needs involving third parties, usually students. To function effectively as a consultant in the educational setting, the counselor must possess special knowledge or skills appropriate to the consulting need. Among the relevant skills the counselor can bring to consulting with teachers and other educational providers and planners are the following:

1. An understanding of human growth and development, the problems and processes of adjustment, and the needs of the individual as one goes through those processes
2. An understanding of psychological or affective education in the classroom, and a concern for its importance
3. An understanding of and skills in promoting communications and other desirable human relationship skills
4. Training in the assessment of individual characteristics and skills in relating these assessments to the development of an individual's potential

5. Special knowledge of educational and career development and opportunities
6. An ability to communicate, counsel, and consult with parents, fellow educators, and the community
7. An understanding of group processes and skills useful in facilitating group motivation and change
8. An understanding of the organization of schools—roles and functions within schools—and the unique characteristics of the institutions and students in which and for whom the consultation will take place
9. An understanding of the ecological characteristics of the area, especially those that may influence the consultation outcomes
10. An understanding of legal and ethical influences that must be considered in consultation in educational settings

As a consultant, the school counselor has the potential to engage in a wide range of activities or roles, which we look at next.

Consulting with Teachers

As mentioned, the teacher is the key person in school settings at any level. In consultation in schools, then, the counselor must assume that he or she will most frequently consult with teachers individually or in groups. Teachers have the most frequent contacts with pupils, and the developmental and adjustment needs of their pupils are often expressed in classroom groups. Counselors may effectively assist teachers as consultants to individualize classroom instruction.

School counselors are also experienced in collecting, organizing, and synthesizing data on individual students and in interpreting this information to identify individual differences. Through these activities, they sharpen their own understanding of the individual and share these insights in consultation with the classroom teacher.

Additionally, the counselor's expertise in human behavior and development theory combined with the teacher's knowledge of instructional methods and materials provide the basis for an excellent team effort in the crucial task of planning and establishing a productive learning environment.

The classroom teacher is obviously the most knowledgeable about resources appropriate to his or her subject matter, but the counselor can nonetheless be profitably consulted on those occasions when specialized career and educational information is needed to make a class more meaningful. He or she can also be consulted to identify out-of-school resources and experiences relevant to students' learning needs. The counselor's insights can be helpful in the development of materials and methodologies that will enable counselors and teachers to work together in special educational activities with vocational students. (Gibson, 1973, p. 51)

The counselor's role as a curriculum consultant to the classroom teacher has been further underscored with the passage of Public Law 94-142. This law requires all children categorized as disabled to be placed in regular educational programs to the fullest extent possible, resulting in a wider diversity in the characteristics and abilities of classroom groups. Of course, pupil guidance is a responsibility of everyone and will be most effective when it is treated as an integral and important part of every segment of the school curriculum. In other words, guidance should be infused into the daily instruction in all subject-matter classrooms.

In this regard, counselors must be willing to assist their teacher colleagues in planning appropriate classroom activities. In the elementary schools, where teachers, for the most part, teach by grade levels, counselors should meet with these teachers by grade levels to assist them in planning for the appropriate activities and the integration of these into the classroom instruction. Counselors will continue to play a significant consultant role in assisting teachers specifically and the educational system generally in implementing P.L. 94-142.

Another piece of congressional legislation that has had a significant impact on both elementary and secondary schools is the No Child Left Behind Act of 2002, which requires annual testing in reading and math in Grades 3 through 8 and provides federal funding to aid underachieving schools. For the latter, schools may benefit from the consultation services of counselors who have expertise in student motivation, productive teaching methods, pupil assessment, and parental participation. Again, a basic principle of effective consultation is that the recipients must believe they need it. Teachers and others will neither seek out nor be receptive to the counselor as a consultant if they see no value or rationale for such assistance. In each situation, therefore, the counselor must communicate and demonstrate his or her role as an effective consultant.

The Counselor as a Consultant to the School Administrator

The school counselor can also make significant consultation contributions to the educational leadership of the school and the school system. The counselor has the capacity to gather data that describe the characteristics of the student population and student needs; this information can be useful for educational planning and management.

The counselor's understanding of the process and characteristics of human growth and development enables him or her to relate and provide special counsel regarding the special needs of individuals and groups of pupils.

The counselor can also provide to the school administrator valuable consulting experience on the school climate or environment. A mentally healthy school environment facilitates not only learning but also positive social interactions and good citizenship. Because this aspect of school life seems often overlooked (or ignored, as accountability models stress standardized measured academic achievements), counselors may have to become advocates for a healthy school environment with their school administrators. In this capacity, counselors may help administrators understand the counselor's role in planning and implementing schoolwide programs that have a positive impact on the school's psychological environment. Finally, the counselor does not overlook the morale needs of his or her colleagues—the teachers. Stress management workshops, working to establish better and more open communication between teachers and administrators, and “jelly bean” days (i.e., special compliment-giving times) are all helpful ways counselors can, through consultation, assist school administrators and the school environment.

Consulting with Parents

The counselor can effectively consult with parents on various occasions to promote understanding of pupil characteristics and their relationships to pupil behavior. Consultation can assist parents in coping with or modifying student behaviors, improving interpersonal relationship skills, and adjusting attitudes. Parents may also consult with the school counselor in regard to their children's academic planning, progress, or problems. High school parents

will frequently consult with school counselors about their children's career-planning needs. The counselor may also serve as a consultant to interpret school programs to parents and to explain the mainstreaming of students with disabilities.

Most parents expect and want to be informed by the school regarding their children's needs and accomplishments. The school's public relations program in general and its counseling program in particular will be enhanced by an active program of consultation with parents.

When counselors consult with parents

regarding maladaptive behavior, first and foremost the counselor must communicate concern for the child and for his or her success in school. It is critically important that the counselor and teacher both communicate explicitly to the parents that they are not blaming them or their child-raising techniques for any problem behaviors their child may be exhibiting. Simply stating an awareness of the presence of difficulties and that they are interfering with the child's success in school may be sufficient. At this point the counselor may go on to inform parents of specific behaviors or attitudes that may be thwarting their child's success. Parents are usually aware that a problem exists prior to their coming in for the consultation process. With encouragement and a positive attitude from the counselor, parents typically contribute background knowledge and are helpful. (Gibson, Mitchell & Basile, 1993, pp. 244-245)

The school counselor-consultant must keep in mind that many behavioral issues in the school may be a product of other environments, including the home.

The Counselor as a Curriculum Consultant

The counselor can play an important role in curriculum consultation. Additionally, federal legislation specifies the counselor's importance in implementing programs of career education and education of children with disabilities. In an instructional sense, the school counselor is not, of course, a curriculum specialist. However, when the curriculum is viewed as the sum of educational experiences the school proposes to provide, it follows that the counselor, because of his or her professional commitment to each student's total development, should be actively involved, regardless of legislative mandates, in curriculum planning.

As a consultant in matters related to the career interests and concerns of students, a counselor may conduct comprehensive assessments of student career interests to provide a basis for expanded and relevant curriculum offerings. Nor should the important area of avocational interests be overlooked. A combination of educational and avocational opportunities often serves to maintain student interest and motivation. The counselor should assume major responsibility to identify and interpret these interests and concerns to all educators involved. Assessment of student interest must be translated into action, however, and it is at that point that many opportunities for curriculum development are left to flounder in the sea of academic indifference.

School counselors and curriculum planners have a joint responsibility to see that these important aspects of each student's total development are not left to chance. Curricular consultation frequently points out the need for curricular change, and because the school counselor's responsibilities involve him or her with both teachers and administrators, the counselor is in a position to facilitate their cooperation and interaction in promoting the needed change. For change to occur, (a) need for the change must be identified, (b) those involved must be willing to consider the change, and (c) the plan for change must be developed, accepted, and implemented.

CONSULTATION SERVICES TO COMMUNITY AND BUSINESS ORGANIZATIONS

Counselors in community mental health centers and private agencies have been offering consultation services to community groups and businesses and industries for well over 30 years. Community agencies have offered consulting assistance to clergy and religious organizations, in criminal and justice settings, in business and industry, in schools, in hospitals and other health care settings, and to other groups such as youth organizations, senior citizens' groups, and professional sports organizations. As described previously in this chapter, the consultant or consulting organization works with an intermediary rather than directly with the population that is targeted by the process. We emphasize again that consulting is not a therapeutic relationship; rather it is a guidance or problem-solving relationship. Consulting in the community with business, industrial, and other organizations provides community mental health centers with a major opportunity for community outreach and for informing the community at large of their goals and services.

Community mental health organizations and counselors employed in employee assistance programs (EAPs) are aware of significant increases in the opportunities for consultation in business and industrial organizations due to the dramatic changes in the world of work (briefly noted in Chapters 1 and 8). These changes, among other matters, mean that both the employing organization and its employees need to be looked at in a new light.

It is especially important that the consulting counselor or consulting team be aware of organizational characteristics, including the following:

- Organizational goals and outcomes
- Relationships, responsibilities, opportunities, and the personnel hierarchy
- Special skills and knowledge needed at all levels
- The work environment, including physical factors (e.g., safety, comfort, attractiveness of the workplace) and psychological factors (e.g., security and benefits, opportunities for advancement, fair treatment, and the feeling of belonging)
- The values of the organization and the values of the employees
- The fiscal health of the organization
- Policies of the organization and their impact on employees
- How change is facilitated within the organization
- Legislative enactments, such as the Americans with Disabilities Act of 1990, which have implications for businesses and industry as well as schools

Once a collaborative arrangement is agreed on, the consultant or consulting team might well proceed as follows:

1. Identify the people with whom you are dealing (and where they are in the organizational chart).
2. Identify the problem and its dimensions and what the consultees expect from you (and vice versa).
3. Develop a collaborative plan to address the problem or issues.
4. Apply and, if necessary, modify the plan.
5. Review and evaluate the outcome.

Counselor consultants should keep in mind the importance of needs assessment in almost every circumstance. Sometimes it is important to remind organizational chiefs that productivity is produced by people. Counselors employed in business and industrial settings in EAPs may be called on as resident experts to provide consultation to management and other executive decision makers in such areas as employee relationships, stress management, environmental manipulation, employee absenteeism, and so forth. These counselors may also use their group skills to help managers and supervisors lead employee groups focusing on employee or management programs. Regardless of the setting, counselors are being increasingly recognized and appreciated for their consultation skills and services.

SUMMARY

In almost any Sunday issue of a major metropolitan newspaper, such as the *New York Times* or the *Chicago Tribune*, the classified business section has advertisements seeking either to employ consultants or to utilize their consulting services. Usually, these consulting services focus on planning and strategies, economic and technical reviews, marketing assistance, material development, and evaluations. Certainly the business and industrial world has used consulting services for generations. Consultation has also been a recognized mental health activity for a number of years, although not nearly so well publicized as its business counterpart. There are also consulting firms that specialize in educational matters, and consultation contracts are becoming increasingly common.

However, consultation as an activity of counselors has led to an examination of various models appropriate to the consultation process and their adaptation to counselor use. Kurpius (1978) describes four modalities of consultation as provision, prescription, collaboration, and remediation. Schein (1978) organizes the process into three models: purchase of expertise, doctor-patient, and process consultation. Werner (1978) describes six possible agency models as client-centered case consultation, consultee-centered case consultation, program-centered administration consultation, consultee-centered administrative consultation, community-centered ad hoc consultation, and consultee-centered ad hoc consultation.

Regardless of model choice, counselor-consultants must recognize that they are involved in a process that provides structure and direction for their consultation efforts. It is naive to think that knowledge or experience

in itself qualifies one to consult. An understanding of the process of consultation and the acquisition of the skills for consultation are prerequisites to success as a consultant. These are usually acquired through special courses in consultation.

The qualified counselor will have opportunities to consult. It is important to keep in mind, however, that consultation must be wanted—must be requested—if it is to take place. Even when requested, the counselor-consultant should proceed with tact and understanding. After all, no one likes to be critiqued, even by experts!

Counselors have utilized consultation more and more to enhance the delivery of their services. Since the 1990s another trend has been increasingly emphasized in our profession. Prevention and wellness have caught the public's fancy, and serious efforts to prevent many of the disorders that have handicapped individuals and society are underway. The helping professions are responding, and Chapter 10 discusses how the counseling profession is doing just that.

DISCUSSION QUESTIONS

1. In your opinion, how is the title "consultant" generally viewed by the public?
2. Discuss any experience that you, your family, or a close friend has had involving a consultant. What were the circumstances leading to the use of the consultant? What were his or her special skills or knowledge? How had the consultant acquired these special skills or knowledge? Describe the consultation process.
3. Describe circumstances in which you as a practitioner-counselor might call on the services of a consultant. Describe the setting of your envisioned

- employment and how you might utilize consultation assistance.
4. What is the consultation expertise that a counselor can offer to the following?
 - a. Schools
 - b. Business or industry
 - c. Other settings
 5. Give examples in which each of the following models of consultation might be used:
 - a. Purchase of expertise
 - b. Doctor–patient
 - c. Process consultation
 6. If you were to function as a consultant, what would be your field of expertise? Who would be your potential clients?
 - b. Consultation on the college campus
 - c. A private practice mental health consulting firm
 3. Organize into groups of three or four. Assess the strengths of your group from the perspective of a consultation team. Report to the class the special consultation expertise (counseling or noncounseling) of your group.
 4. Identify several consultants or consulting firms in your community and invite them to participate on a class panel discussing their qualifications, roles, and functions as consultants.
 5. In small groups, assume that your group is a newly organized consulting corporation. Identify the expertise of the corporation and design a brief descriptive ad that would appear in the appropriate trade magazines or newsletters.

CLASS ACTIVITIES

1. Organize into small groups of three or four people. Discuss the following situation: You are the newly hired counseling staff of North Rogerian High School. Your predecessors were terminated, in the words of the school principal, because “They were too much into therapy—spent all their time in one-to-one!” You have been advised to avoid even a hint of this image in your first year on the job. The director of pupil services for the school system has suggested the consultation approach for this coming year. Discuss and outline a consultation approach for this 3-year high school of 57 teachers and 1,400 students in an affluent midwestern setting. What would be your rationale, and how would you describe your “model” in a presentation to the school’s faculty meeting and later to the school’s parents association? Compare and discuss the differing approaches among your small groups.
2. Organize into three groups (one group for each of three topics). Develop a rationale for one of the following topics, which your professor will assign:
 - a. A major role for consultation in community mental health agencies

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Although the old saying “An ounce of prevention is worth a pound of cure” would seem to be particularly appropriate to the health professions, the fact is that until recently these professions, including the mental health professions, have given little more than lip service to prevention. However, recent generations have witnessed the pursuit of wellness through prevention by millions of Americans with near revolutionary zeal. At times, the entire United States seems to be waking up to aerobic dance, washing down vitamin pills with instant stay-trim breakfasts, practicing relaxation techniques on the job, jogging after work, attending stress management workshops, following the latest diet, and so forth. These signs of the times point to our growing concern with the prevention of health disorders, including mental health. This concern represents, if not a shift in emphasis, then a sharing of emphasis between remediation and prevention. Traditionally, in the not-too-distant past, when prevention has been discussed, it has been in the context of avoiding something undesirable. For example, societal prevention efforts have usually focused on these:

- Prevention of wars (treaties, strong military)
- Prevention of illnesses (immunizations)
- Prevention of financial loss (tariffs, import taxes, personal insurance)

The significance or importance of the prevention activity usually has been determined by the degree to which the undesirable threatens life and healthy living or threatens the security of large numbers of society. This chapter’s objectives are, therefore, to (a) present the role of prevention in counseling programs and (b) introduce prevention through stress management, attention to nutrition, and the wise use of recreation and leisure time.

PREVENTION

In the mental health field, a substantial increase in reported prevention activities, research, and professional literature appropriate for counselors is evident. These include a broad range of studies reported in early publications such as *Preventive Psychology* (Felner, Jason, Moritsugu, & Farber, 1983); special issues of the *Personnel and Guidance Journal*, now entitled the *Journal of Counseling and Development* (Shaw & Goodyear, 1984; Goodyear & Shaw, 1984); a special issue of the *Journal of Counseling and Development*, focusing on wellness throughout the life span (Myers, Emmerling, & Leafgren, 1992); more recently the *Journal of Mental Health Counseling* (Robinson & Roth, 1992) special issue on women

and health; and later the *American Psychologist* (1996), with five excellent articles on prevention. Also of interest is the April 1997 issue of the *American Journal of Community Psychology*, which contains five articles on prevention and the January 2000 *American Psychologist* special issue on positive psychology.

The prevention model adopted by counselors and other mental health workers is in large part the prevention model adopted by psychology, which in turn was borrowed from the field of public health. Within this context it was determined that to succeed, prevention programs must (a) address social ailments that can result in disastrous consequences; (b) address ailments that threaten large numbers of society; (c) address these ailments *before* their onset; (d) treat large, preferably captive or mandated, populations; and (e) identify those characteristics that place individuals (groups) at risk.

Prevention, then, may be viewed as an effort that seeks to avoid the occurrence of something undesirable. Within this definition, three levels of prevention are identified as primary, secondary, and tertiary. *Primary prevention* generally refers to programs designed to impact specific and sizeable populations who are not presently affected by a disorder for the purpose of keeping them free of the disorder. It is similar to the medical profession's immunization of populations to prevent a disease that often has epidemic possibilities. *Secondary prevention* represents efforts to identify and intervene with affected individuals at the early onset of the disorder, because treatment is clearly more effective at the early stages than later when the disorder is more firmly established. *Tertiary prevention* is preventive only in the sense that it seeks to prevent the growth of the disorder, reduce the effects, and rehabilitate the individual.

Acknowledging that prevention is the effort to avoid the undesirable, we would again recognize that the priority prevention activities of societies have been on prevention of that which threatens life and/or healthy living for large numbers of the population. In the area of physical health, prevention has always been recognized by both the public and the medical professions as the more valued approach, and millions of dollars have been spent to develop vaccines and other preventive measures. In the field of mental health, however, the public (and often the profession itself) has until recently appeared to give a higher priority to remediation and treatment. For example, the public seems to consistently support building bigger and better jails, developing substance abuse treatment programs, and establishing rape crisis centers; at the same time, in many locales, it has opposed such preventive efforts by schools as sex education and values clarification techniques.

Obviously, individuals do not want to spend time in the best hospital or the best jail or have the best artificial tooth. Prevention is clearly preferred when the alternative is undesirable; we, therefore, work at it and are willing to pay for it. Thus, prevention programs are in demand when life or security is threatened. These demands are further underlined when large numbers are victims or potential victims of the threat. Such current social problems as substance abuse, people abuse, AIDS, crime and delinquency, teen pregnancies, and school dropouts clearly meet the criteria of affecting or threatening large numbers. It must be recognized, however, that prevention programs by nonmedical personnel, especially for schools, are a "hard sell." Additionally, the importance of a highly educated workforce for the 21st century cannot be overestimated. It is, therefore, imperative that leaving school and underachievement be prevented and that the general public be convinced of the great importance of such efforts. The counseling profession—with counselors strategically positioned in schools and influentially located in community, health, business and industry, religious, and armed services settings—must respond with prevention programs. Counseling for too long has been

viewed as a remedial profession. Here too is another area of opportunity to develop our uniqueness as a helping profession, as a profession distinct from other helping professions.

For obvious reasons, primary prevention is both critically important and desirable, including the following:

- The major problems of society can never be eliminated through treatment alone.
- The financial costs to society are exorbitant for those diseases and social disorders that are not prevented.
- The costs of these disorders go far beyond the financial cost as we note the personal suffering and emotional disorders that result.

In planning for prevention, some obvious needs may exist. Preventive programs in substance abuse are increasingly popular in schools. Premarital counseling is also commonplace. Also, many counseling agencies have programs to help married couples avoid some of the anticipated problems and adjustments of marriage. All of these and other prevention programs will experience more success when the following conditions are considered:

1. The prevention program must begin before the onset of the advance indicators or symptoms of the disorder.
2. The prevention program must be aimed at populations rather than individuals.
3. The design of the program must recognize the uniqueness of the population and the environment. This includes an assessment of the wide range of forces that influence the lives of the target population.
4. Program planners should review appropriate research to identify proven or promising prevention procedures.
5. Organizational support for the program must be strong. This includes a willingness to support long-term goals (even though the quick-fix approach is easier to sell).

Despite the obstacles, counselors and other mental health professionals are being urged, even mandated by legislation in some instances, to broaden the scope of their prevention activities to identify and thus intervene with even larger populations at risk. This approach recognizes the importance of significant settings and experiences that influence individual adjustment and development. The home, school, workplace, church, and community are obviously relatively stable settings that have a significant impact on large numbers of people over time. It is in these settings that prevention programs should flourish.

For programs to succeed, however, prevention planning must be based on some systematic approach for identifying the needs of specific client populations. This involves the study of factors associated with the characteristics of particularly susceptible people, including important interrelationships, especially in the family.

Counselors must communicate and work with parents as parents have many opportunities to foster healthy lifestyles for their children's emotional and interpersonal development from infancy. Children are taught ethical values and responsibility through what social scientists call "modeling" or demonstrating acceptable behaviors for children to follow. Also, the significant role of children serving as models and providing guidance and reinforcement to other children should be a planned activity in every program as many studies have consistently verified their value. Parents are models whose habits and attitudes are significant influences on their children's values and actions. Counselors in both community and school settings may offer parenting groups to assist parents (Soska, 1997).

The importance of parents as the primary influence on the child's developmental well-being demands that counselors work with parents on an ongoing basis to mutually share, learn, and plan together for the benefit of the child. Again, we emphasize the importance of parents having a systematic plan for involvement in their children's preventive and positive mental health development.

Environment is also a major factor influencing the development of behaviors that put populations at risk. At the positive extreme, the environment inhibits the development of undesirable behaviors. It is important to understand both how people adapt in a given environment and how the significant events in the environment signify success or positive developmental outcomes. As a major influence on behavior, counselors and other helping professionals engaged in preventive efforts must understand the environment to predict, control, modify, or prevent human behaviors that occur within it. Significant environments such as the home, school, workplace, and community are behavioral settings that not only influence and control behavior within them but also condition behavior beyond these settings. This includes the setting of limits on deviant behaviors and coping styles. Environments are not just physical in nature; they also have a psychological dimension. Although the latter may be more complex and difficult to clearly identify, its impact must not be underestimated, and its significance must be addressed in successful prevention programs. Also, the economic characteristics of an environment clearly influence the behaviors and activities of the population of the environment, including its youth. For example, study after study have confirmed that the highest school-leaving rates occur in economically impoverished environments.

Environments are therefore assessed to determine what specific characteristics they have that place populations at risk for certain disorders. This means that the individuals' transactions with their environments may indicate the degree to which they are at risk for undesirable attitudes, decisions, and/or behaviors. Obviously, an objective assessment of the environment is desirable. The consensus of experts seems to suggest that environmental needs assessment using the field survey method is the most reliable technique, and Public Law 88-169 has mandated needs assessments for community mental health centers. In examining environments and their impacts on populations, special attention should be given to (a) high-impact environments such as the home, school, and workplace; (b) the ways normal developmental tasks are facilitated or impeded by the environment; (c) significant life events in the environment; and (d) the quality of everyday life for the inhabitants of the environment. An environmental needs assessment also gives counselors the opportunity to assess the readiness of a population for a given type of prevention program.

A list of environmental factors that impact us personally would include these:

- Privacy
- Space/territory
- Density/spaciousness
- Appearance/aesthetic qualities
- Architecture/design
- Geography and nature
- Noise
- Safety

The quality of life of the individual is obviously a factor, often unrecognized, in planning for prevention. Much has been written by Carl R. Rogers and others regarding the importance of unconditional positive regard in counseling clients, but counselors should look beyond this rather limited focus to recognize the significance of unconditional positive regard in preventing the pathologies that occur when life appears to be meaningless. Counselors must become more aware of the importance of contentment, happiness, and self-satisfaction as a prevention vaccine. We must note the importance of recognizing those environmental variables—and the degree to which counselors can manipulate them—that result in individual happiness, the development of human potential, and the prevention of pathology.

A common goal for nearly all peoples is happiness (including freedom from fear, hunger, and physical discomfort). Certainly happiness is a key criterion in determining the quality of individual life that has relevance to those problems and issues that bring individuals to counseling. The importance of happiness in human relationships leads us to a further preventive goal of developing appropriate interpersonal skills and values for helping young people learn to value and respect their diversity and the diversity of others and to learn nonviolent approaches to dealing with everyday conflicts.

Prevention programs are frequently postponed or simply not initiated due to their complexity. For example, some disorders are associated with many risk factors, and some risk factors are also associated with many disorders. Further, some risk factors appear to vary in their impact at different stages of the individual's development. Also, certain disorders may result from a specific chain of events. All these factors may heighten the public's wariness of prevention programs. Although nowadays prevention programs are receiving increasing public acceptance, counselors in all settings must continue to lobby for prevention.

As an obvious and crucial starting point, the elementary school can play a significant role in any community or school system's preventive efforts, and evidence indicates that schools are increasingly responding to this challenge. Obviously, the elementary school should be the starting point for programs of prevention, even if the objective of the program (e.g., school dropouts) may be years away. Appropriate programs to prevent school dropouts, substance abuse, underachievement, and so on should be initiated and integrated into the elementary school curriculum as naturally as such subject matters as math and reading.

Among the popular activities used in elementary school prevention programs are group counseling for self-concept improvement, a guidance curriculum for the classroom to develop interpersonal and social relationship skills and avoid personal conflicts, and facilitation of problem solving and decision making. Self-concept development may also be enhanced through consultation and training with parents. Attendance may be improved and dropouts prevented through tutoring, career guidance, and group guidance activities. Substance abuse prevention may be initiated through a wide range of activities, including peer intervention, behavioral self-management groups, drug education, and the use of local celebrities as advisers.

Many schools are concerned with problems of personal safety, bullying, child abuse and sexual abuse, and even group violence. These concerns appear to be more probable in schools with high enrollments, located in urban neighborhoods characterized by crime and poverty, with high teacher–student ratios, a high number of serious discipline problems, and numerous schoolwide disruptions.

In response, many schools have successfully initiated comprehensive safety programs using role-playing, video, drama, peer guidance, group guidance, and counselor-led discussion groups. In recent decades a variety of studies have reported that successful prevention programs appear to share a number of common features:

- Assistance in developing coping skills
- Self-esteem and values development
- The building of support groups
- Parental involvement
- The involvement of older peers as role models and mentors
- Environmental assessment and, to the extent possible, environmental manipulation
- Elements that reflect the uniqueness of the target population, the setting, and the problem
- Instruction in basic life skills aimed at helping individuals resist peer and social pressures
- A futures element, including a commitment to the time necessary to obtain results
- An evaluation component
- Program planning involving counselors and other helping professionals, parents, students, teachers, and community leaders
- Group counseling
- Behavior and attitude modification education
- Individual counseling
- Training programs for teachers, parents, counselors, and school administrators

Many of the suggested changes needed for successful prevention programs will also, to a degree, infringe upon the expected traditional activities and characteristics of teachers and schools. As a result, resistance to such change must be anticipated and will challenge school counselors' skills in influencing the initiation of successful prevention programs.

Whereas the focus of prevention programs through much of the 1990s was on substance (especially drug) abuse, more recent years have shown a rapidly escalating interest in prevention of smoking, school violence, school leaving, and underachievement. The prevention of teen pregnancies and sexually transmitted diseases have also increasingly become the subject of school prevention programs.

Prevention efforts in schools should begin in the elementary school, of course, where pupils are alerted to the serious and long-term effects of inhalant abuse. Inhalants are readily available and easily used but, ominously, appear to be a springboard to use during the adolescent years of even more deadly substances, such as cocaine and heroin. Inhalants appear to provide a "high" to abusers who simply inhale the vapors from such common household products as glue, paint, hair spray, deodorant, aerosol whipped cream, and cleaning fluid. While these sources may seem relatively harmless, parents, educators and other youth workers should be aware of the serious consequences that can result from even casual inhalant abuse.

Here again it is important to provide a two-pronged prevention effort involving parents and schools. Parents and educators should alert elementary school pupils to the serious and long-term effects of inhalant abuse. Parents, in addition to keeping watch over such products in the home, should be encouraged and assisted in becoming more knowledgeable

about inhalants and their abuse and to discuss their concerns with their children. In the school in addition to general presentations by knowledgeable teachers and other adults, small group discussions among pupils appear to have a reinforcing effect, especially where they are conducted on an ongoing basis.

A review of prevention programs in schools has noted successful outcomes with programs focusing on the development of social skills, study skills and other academic enhancement techniques, mentoring, behavior management workshops, and self-esteem enhancement. Safer Schools programs have also been popular and most frequently have involved local law enforcement personnel. Health and wellness programs, including efforts to prevent substance abuse, have frequently utilized local medical personnel. In summary, schools at all levels are evidencing greater interest and activity in a wide range of prevention activities. Further, these activities appear to be resulting in very favorable outcomes, which, in turn, will probably lead to increased attention on prevention programs in schools.

Prevention in Nonschool Settings

Prevention activities are logically and justifiably present in school settings due to their before-the-onset nature and also because the near-total preadolescent populations can be impacted, but they are not by any means limited to these settings. Many of the prevention programs in nonschool settings are classified as secondary or tertiary prevention efforts, but there are some examples of primary prevention programs as well. For example, in many communities programs such as those represented by Alcoholics Anonymous and Koala are not only engaged in treatment at secondary and tertiary levels but also at the primary level with youth preventive programs. Community mental health agencies, private practitioners, and residential and daytime treatment centers are very active in the prevention arena. Many employee assistance programs (EAPs) are also involved in prevention programs. Here again, drug abuse, alcohol abuse, and tobacco are the focus of many of these programs. In addition, however, programs dealing with spouse abuse, sexual abuse, stress management, and wellness have become increasingly popular, as have programs seeking to prevent various disorders.

Of course, prevention of the undesirable in both mental and physical health must include a commitment and effort to total wellness. The sections that conclude this chapter briefly examine wellness and two important contributors to it: stress management and the enjoyable and prudent use of leisure time.

Wellness

Nowhere has the craze for wellness and prevention manifested itself more than in the growth in popularity of health foods and healthy eating plans, exercise books, fitness equipment and clubs. The United States has jogged its way through the 1990s and is continuing in the new millennium, munching alfalfa sprouts and drinking mineral water. Additionally, television advertising constantly reminds the viewer of how one should be exercising, what one should be eating, and so on (what is being advertised, of course!) to protect one's health and prevent certain undesirable consequences. Of course, the individual's concern for his or her well-being cannot and should not be ignored by today's counselor. Counselors must be aware of the relationship between individual experiences

and individual health, both mental and physical. Counselors also need to understand the psychological consequences of illness and accidents.

Remley and Herlihy (2001) indicated that

Counselors have a unique belief system regarding the best way to help people resolve their emotional and personal issues and problems. This belief system provides the foundation for the professional identity of counselors. Basically, counselors share the following four beliefs regarding helping others with their mental health concerns:

1. The best perspective for assisting individuals in resolving their emotional and personal issues and problems is the wellness model of mental health.
2. The issues and problems individuals face in life are developmental in nature, and understanding the dynamics of human growth and development is essential to success as a helper.
3. Prevention and early intervention are far superior to remediation in dealing with personal and emotional problems.
4. The goal of counseling is to empower individuals to resolve their own problems independently of mental health professionals and to teach them to identify and resolve problems autonomously in the future. (pp. 19–20)

Counselors in community, school, business, and industrial settings are being increasingly involved in programs promoting lifestyle change for healthy living. These efforts have focused on health concerns such as smoking, alcohol and drug abuse, eating disorders, and sexually transmitted diseases. Nor should this concern be limited to our clients. As fully functioning counselors, we must also be concerned with our own physical well-being. It should also be noted that increasing attention is being given to the aging population and the importance of healthy living for retirement enhancement.

A well-known phrase is “You are what you eat.” Now, scientific inquiry seems to be further emphasizing this point as research has increasingly highlighted the relationships between nutrition and behavior, between our emotions and our diet. Although counselors are not expected to be experts in nutrition, dieting, and exercise, they should be aware of basic factors and their possible link with clients’ mental health.

Obviously the promoting of healthy habits cannot begin too early. As a result, many elementary schools are beginning to emphasize the importance of prevention activities. A common focus of long standing is illness prevention through vaccination. More recently, prevention programs have stressed healthy eating habits, and elementary school cafeterias are moving to serve less junk food and more choices for healthy eating.

Nelson (1992), a choice-awareness counseling theorist, suggests that the three levels of counseling are *spa*, learning, and relearning:

A place may be made in nearly every counseling session for *spa*: uplifting, positive experiences in which the focus is placed directly on helping clients feel good about themselves. With many clients, a few minutes at the end of each interview may be saved for these positive experiences; with some clients the entire effort of an individual session may be that of *spa*. The simplest of the several examples of *spa* in counseling offered in this article is the activity “Things I Can Do,” in which the counselor helps the client focus on and savor some of the most often-repeated actions of which he or she is capable: breathe, walk, talk, eat, sleep, think, and so on. All counseling clients can benefit from the emerging sense of wellness that can come from *spa* in counseling. (p. 214)

As we consider counseling cross the life span, Ponzo (1992), among others, encourages counselors to become more active in promoting successful aging. He stresses that

prime-time living is possible to the end. People need to know and believe this. So imbued, and given the skills to translate vision into reality, we should find larger numbers of people dying at the prime of their life. Consequently, there will be reductions in health care costs and increases in the productivity of elderly persons. Accomplishing this, the huge waves of people soon to be old need not be seen as a potentially destructive force, but as a dynamically productive opportunity for society. These people can view their elder years as a time for continued growth and fulfillment. Counselors can play a key role in helping people better prepare for living out a long and vital life. As many have said, "If I knew I was going to live this long, I would have prepared better." Regardless of how good the preparation, it will not restore Woody Allen's desired immortality, but it will assure mortal beings of more prime-time living. Promoting successful aging is a lifetime process. The time to start is now. (p. 213)

Appropriate exercise, a good diet, and a stress-free lifestyle are recognized as important considerations in any program of client wellness. Perhaps not so well recognized is the importance of managing the daily stressors of today's living by wise and enjoyable leisure and recreational activities in prevention and wellness.

Stress Management

The U.S. workforce has become aware that millions of its members are "going up in smoke"—that their effectiveness is handicapped by the psychological symptom labeled *burnout*. Although we must assume that many workers across all careers have, over the centuries, felt that their jobs are getting them down, the pressures are getting to them, the boss is driving them to drink, and so forth, it was not until the 1970s that a popular label, *burnout*, was commonly used to describe various psychological conditions associated with stress and adjustment needs. In fact, today, we recognize that the term *burnout* can refer to one or a combination of factors that psychologists say contribute to a person's inability to cope with the expectancies and demands of everyday living. Counselors in all settings must be prepared to prevent or intervene with clients threatened by or actually under stress.

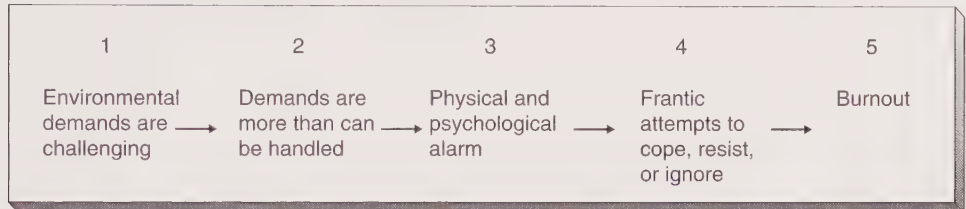
Synonymous with the labeling of the disorder was the increasing awareness at management and supervisory levels that employee health is as important as other job-related concerns to the effectiveness of the organization and a further recognition that employee illness can be psychological as well as physical. As a result, one of the large-scale preventive efforts of the 1980s and 1990s was the stress management movement. Not unexpectedly, counselors have been increasingly called on to develop prevention and early intervention programs in stress prevention and management. Counselors involved in these efforts have been quick to recognize the value of such prevention efforts because of the dangerously cumulative phenomenon of psychosocial stress.

Although the causes for burnout or stress may vary significantly from person to person, counselors need to be cognizant of the more common factors, such as the following:

- Too many demanding, frustrating, or otherwise stressful situations
- Constant pressure to do more than can be done
- Too much time-consuming yet unrewarding work (e.g., paperwork)

- Constant conflicts between competing alternatives for time and effort (e.g., home and work)
- Persistent demands for skills or knowledge that appear beyond those possessed by the individual
- Constant interference or interruptions of planned or anticipated activities
- Lack of positive feedback, recognition, reward, or notice of efforts or accomplishments
- Lack of clarity or direction regarding work expectancies
- Depressing work environment
- Poor interpersonal relationships
- Constant disillusion or disappointments
- All work and no play, failure to lead a balanced lifestyle

Counselors may also recognize that candidates for burnout may be identified by the level, stage, or degree of burnout. Here is a view of a possible sequence to burnout:



Counselors working in business and industrial settings should be aware of the extent and impact of stress in these settings.

In working for stress prevention or reduction, initially the counselor and client need to identify the stressors in the client's situation, their relative significance, whether they can be dealt with, and possible preventive or coping strategies. Among the general strategies that may be helpful to clients (and even yourself on occasion) are the following.

1. Bring burnout into the open; talk about it, especially with others sharing the same situation and concerns.
2. Build a support system with a small group of colleagues (including at least one optimist); help others in stress, be positive, be mutually supportive.
3. Practice time management; organize your time and stick with it. This includes planning for and protection of your free time on and off the job.
4. Develop leisure time pursuits or hobbies.
5. Get away from it all, especially when you feel the pressure beginning to build. Take real vacations regularly.
6. Take deep breaths and visualize yourself as less tense.
7. Shape up physically by exercising vigorously and regularly.
8. Shape up psychologically by meditation and reminding yourself that you do have choices.

A prime candidate for burnout and prognosis for stress management is the workaholic: a type who has become all too commonplace in today's often stressful and uncertain workplace.

To the casual observer, workaholics seem addicted to their jobs. Their work profiles usually reflect a number of the following characteristics:

1. Gets to work early and leaves late
2. Works at workstation while eating lunch
3. Works during the commute to and from the office, and has a car phone for business purposes
4. Takes work home most evenings and weekends
5. Rarely takes vacations, and when does, takes work along and keeps in touch with the office
6. Uses recreational pursuits, if any, for business purposes (e.g., golf with a client, dinner with clients, a trip to Florida to attend a convention)
7. Rations strictly the time for children and family (*Rationale*: I'm doing what I must to be a good provider!)
8. Has irregular eating and sleeping habits; personal health a concern only when it threatens work schedule
9. Is unable to say no when asked to do a job; often volunteer for extra duties.

When counselors encounter burned-out or nearly burned-out workaholics as their clients, they need to understand the reasons for the behavior. Among those commonly encountered are fear of job loss, failure to advance, an effort to gain control of their lives, or compensation for their shortcomings. In addition to stress and time management, the enjoyable use of leisure time is an important and often overlooked variable in clients' stress management and general well-being. Let us examine that topic a little further.

Recreation and Leisure

We recognize that in one sense, the United States is very leisure conscious. Americans watch more television and listen to more radio than anyone else in the world. We are the most traveled nation in the world. We are enthusiastic sports fans from Little League to big leagues. We idolize our entertainment and sports figures almost, and at times, above all others. Swimming pools, golf courses, tennis courts, and sports clubs are prevalent, and we avidly read both fiction and nonfiction publications, attend movies, rent videos, buy compact discs in voluminous quantities, and so on. In another sense, however, real, high-quality leisure time is proportionately distributed according to socioeconomic status, meaning that those of the upper levels of the socioeconomic scale tend to participate in a variety of meaningful leisure activities; those at the lower end of the socioeconomic scale frequently spend the majority of their leisure time watching television and listening to the radio. We do have an increasing population of workaholics to whom we must give more attention, as well as individuals working two or more jobs. We have, again at the other extreme, what might be labeled "free-time drifters." These are usually youths hesitant about their career directions or in some instances simply unable to secure full-time or even adequate part-time employment. The latter, of course, become prime candidates for substance abuse and youthful criminal activity. Further, our educational system has not been responsive in preparing us for meaningful leisure-time activity. Typical physical education and recreational activities in schools are group oriented, facility bound (limited to gyms, swimming pools, golf courses, and tracks), and youth limited. They have little carryover for many, especially in adulthood. In one sense they are not

educational inasmuch as they do not prepare us for leisure-time activities that most individuals can pursue throughout their adult lives.

If you could spend three days doing whatever you wished, how would you spend your time? What do you plan to do with your vacation time this year? Chances are, your answers to these questions indicate that recreational and leisure-time activities are important to you. We need to be reminded of how important this time is to us and that recreation and leisure are important activities in U.S. society. We need to pause to consider the amount of time, money, and effort we expend in these pursuits to recognize their significance in our lives. The interrelationships between a career and a way of life cannot ignore the role of recreation and leisure in the latter. Counselors concerned with the total well-being of their clients must, therefore, become more sensitive to the role and potential of leisure-time activities for enhancing their clients' quality of life and meeting their unmet or partially fulfilled needs.

Juliet Schor (1993), in her interesting publication *The Overworked American: The Unexpected Decline of Leisure*, suggests that there are forces, some conscious, some unconscious, mitigating against the increased use of leisure time. She notes that many workers themselves are not sold on leisure time and that critics of more leisure time feel that it would probably be used for more part-time work, more time watching television, and probably more family time—but not really time in the pursuit of meaningful leisure. She concludes that it is possible to reclaim and effectively use more leisure time, but contends that

corporations remain the most significant obstacle. Most will be vociferous opponents to my ideas. At last count, the Conference Board reports that fewer than fifty firms nationwide have comprehensive programs for work and family issues. But, as always, enlightened, forward-looking companies do exist. Wells Fargo gives personal-growth leaves, Xerox offers social-service sabbaticals. Job sharing is possible at a growing number of companies, including Hewlett Packard, Black & Decker, TRY Vidar, and Levi-Strauss. Control Data has a vibrant part-time program which includes benefits. Anna Roddick, founder of the rapidly expanding Body Shop, gives her employees a half-day off each week with pay to engage in volunteer activities. While the number of innovative corporations is still small, it is growing. And apparently awareness of time-related personnel problems is increasing as well. In the last few years, at least some corporate executives have been waking up to the realities of their employees' lives. (p. 163).

At this point, it may be helpful to distinguish between free time and leisure time. We might define free time as unencumbered time that the individual can use or not use in any way he or she may decide. Leisure time is that time spent in the pursuit of specific activities anticipated to be enjoyable. Although some free or unencumbered time is desirable, large amounts of free time can result in boredom, frustration, anger, low self-esteem, anxiety, and stress. Enjoyable leisure time, however, has a number of potential benefits, such as stimulation and motivation (which often carries over into work), feelings of rejuvenation (also important to work), relaxation and stress reduction, personal growth, opportunities for exploration, and the development of new horizons.

A rationale for leisure counseling may be based on the following:

1. Many individuals do not utilize, in an enjoyable and consistent manner, their leisure time.
2. The interaction between an individual's work experiences and his or her leisure and recreational experiences clearly impact his or her mental health.
3. Self-fulfillment includes the development of all the individual's potentials, including those that might be labeled avocational or recreational.

4. Therefore, planning for the wise and fulfilling use of leisure time is essential if the individual is to use her or his time in rewarding, enriching, and stress-reducing ways.
5. Leisure counseling can facilitate this planning by assisting individuals in identifying possible options consistent with their lifestyles and interests, making appropriate choices, and, when needed, securing the necessary education.

We have become increasingly aware of the lack of recreational facilities and positive leisure-time activities for large segments of our youth population today, especially poor, inner-city, and rural youth. We are also aware that too much time on their hands frequently leads to youth gangs, substance abuse, delinquency, and crime. As an example, we have noted recently (2006) increased numbers of youths involved in the burning of churches, covered bridges, and even country barns simply because they didn't have anything to do and it gave them a thrill. It should be obvious that school counselors need to develop programs to assist youth in exploring and developing avocational as well as vocational interests.

Much of the adult population also needs assistance in expanding leisure-time activities beyond visiting relatives and watching television. Growth groups focusing on the discovery of meaningful recreational pursuits can be helpful. Special-interest groups in which individuals can explore and learn more about specific leisure activities (e.g., travel, ballroom dancing, square dancing, eating out, bowling, playing tennis, swimming) can arouse interests.

Counselors who provide counseling services to our senior citizens must be aware that many preparing to enter retirement have no adequate alternative to their work to fill the void when retirement occurs. This involuntary isolation from their working colleagues leaves many individuals lonely, depressed, and physically as well as mentally stagnated. This population must be assisted in identifying enjoyable, meaningful and doable leisure-time activities. In working with older citizens, counselors may use assessment techniques, including standardized interest inventories, values clarification techniques, exploratory and growth groups, and special educational programs.

As counselors, we seek to assist our clients in improving their quality of life—to live life to the fullest, to optimize their human potential. In this context, then, professional counselors are sensitive to the potential contributions that leisure counseling may make to their clientele in achieving these outcomes. In so doing, we are, once again, seeking to help clients become the best they've ever been—to view counseling not as just a restorative process, but an experience that advances the individual toward his or her true human potential.

In concluding this brief examination of leisure counseling, we suggest that the demands for counseling in this area will increase rapidly in the years ahead. We also believe that continued research into the role of leisure and its relationship to work will increase our knowledge and skills not only for life adjustment counseling but, perhaps more important, for preventive and developmental purposes as well.

SUMMARY

This chapter has presented, in a sense, a beginning to important new directions for counselors and the counseling profession that promise to raise the profession to heretofore unanticipated heights of societal service.

To what more lofty goals can counselors aspire than the prevention of mental illness and the promotion of a happy, productive life through wellness and wise, enjoyable use of leisure time?

Whereas other helping professions may concentrate on remediation or, at best, restoring the client to a

previous status quo, counseling, of all the helping professions, has the opportunity to advance clients to the level of the best they can become! This potential does not mean a deemphasis on our traditional skills and knowledge, discussed in other chapters (e.g., counseling, assessment, career development), but rather suggests applying these skills to new opportunities that optimistically view the positive, the possible.

The success of prevention and the other activities of counseling programs will be influenced to a large degree by how effectively programs are planned, managed, and led. Chapter 11 discusses the important contribution to the delivery of counseling services that are made by program development and management.

DISCUSSION QUESTIONS

1. What major societal/mental health concerns would appear to be most effectively treatable by prevention programs?
2. What can be done nationally, that may not be currently undertaken, to more effectively prevent such social ills as substance abuse, child/spouse abuse, AIDS, homelessness, and teen pregnancies? What can counselors do at the local community level?
3. Violence among school-age youth is a major concern. Discuss ways in which school counselors might be involved in local prevention programs.
4. Give examples of leisure-time activities that all ages (the young, middle-aged, and retirees) can enjoy together.
5. How important is leisure time in your life? Explain. How do you like to spend your leisure time? (Discuss and compare with your classmates.)
6. What new leisure-time activity would you be interested in pursuing? Do you foresee any barriers to your pursuit of this leisure?
7. Discuss ways in which you have personally adapted to your environment.
8. Dramatic increases are predicted in the percentage of the current population living to age 65 and beyond. What are the implications of this dramatic increase in the percentage of older Americans for the counseling profession?

CLASS ACTIVITIES

1. In small groups, discuss and compare the healthy living efforts of class members. Identify a member of each group to briefly report the group's discussion to the class.
2. Share with the class (a) two or three of your favorite recreational or leisure-time activities, (b) your favorite vacation, and (c) a new vacation or travel activity you would like to experience.
3. Attend a sporting event that you have not attended before. Discuss your reactions.
4. Participate in a recreational event that you have not previously experienced. Discuss your reactions.
5. Read one article about prevention in a professional journal. Summarize this article in an oral presentation to the class.
6. It is important for health and wellness awareness to begin in the elementary school. Discuss the components of an elementary school health and wellness awareness program and make suggestions as to how it might be implemented.

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Counseling Program Development and Management

Throughout the centuries, a great deal has been written about the importance of management, development, and leadership to success in the worlds of business and government. The business world has long studied the successes and failures of corporations large and small and the styles of management that have accounted for their achievements or lack of them. Publications such as *The One Minute Manager* (Blanchard and Johnson, 1983) and *Who Moved My Cheese?* (Johnson, 1998) have become national best sellers. We have also become aware in recent years of increased attention to the importance of effective management and fiscal soundness in national, state, and even local government activities. Development has also become crucial, not only to many countries and geographic areas, but also to local governments. Management is also important to fiscal soundness, and government effectiveness at all levels. The significance of management to business and financial success has also been stressed in recent years as we have witnessed great success in some industrial enterprises and complete failures, including bankruptcy, in others.

In all of these endeavors, leadership appears to have played a major role in the rise and fall of businesses, governments, and even nations. Management is also important in government effectiveness and fiscal soundness. Development is crucial to many countries, geographic areas, and companies, the success or failure of armies, the winning of athletic championships, and so forth, even in these modern times.

In the 21st century, school administration in education, hospital administration in medicine, and personnel administration in business and the armed services are areas for specialization. Beginning in the 1980s, business books such as *In Search of Excellence* by Peters and Waterman (1982), *A Passion for Success* by Inamori (1995), and *Iacocca: An Autobiography* by Iacocca and Novack (1984) are examples of publications on this topic that appeared with regularity on best-seller lists.

By the 1990s, the tax-paying public was increasingly interested in how efficiently and effectively human service organizations were serving their designated publics. As inflation deflated personal incomes—as well as real dollars available to tax-supported organizations, including school systems and mental health agencies—these organizations were called upon to give good value. This good value in turn meant that counseling programs were expected to respond to client needs in an effective (proven results) and efficient (maximizing services, minimizing costs) manner. Thus, prospective counselors today should know how to develop, manage, and lead counseling programs. This chapter's objective is to provide an introduction to some guiding principles and practices of counseling program development, management, and leadership.

Despite a general recognition of the importance of management, development, and leadership to organized enterprise, little attention has been given (in terms of formal preparation, at least) to the art of developing and managing counseling programs in various settings. Today, the complex, multiple goals required of most public agencies, institutions, and schools and school systems emphasize the need for development and management of counselor programs and accountability to the public. From a program management standpoint, *accountability* means the provision of objective evidence to prove that counselors are successfully responding to identified needs. Such evidence can be records, written reports, and perhaps computations and tables. All too often those preparing to enter the profession naively assume that the practice of therapy precludes any involvement with mundane matters such as program management, including administration. This is not to suggest that paperwork should replace work with people or that it should be an equal priority. However, prospective counselors should be aware of the significance of their other responsibilities as well. Let us first define our terms:

- *Management:* Those activities that facilitate and complement the daily, ongoing functions of the counseling staff. These include such administrative activities as recording and reporting, budgetary planning and control, facility management, and provisions for support personnel resources.
- *Development:* Includes needs assessment for program planning, research, evaluation, and the establishment of program accountability. Also presumes planning for program improvement.
- *Leadership:* The providing of positive direction and motivation for personnel and program improvement. Primarily, but not exclusively, the responsibility of the professional designated as the chief management person for a specified unit (program, office, department, clinic).

DEVELOPING THE ACCOUNTABLE PROGRAM

All of us like to be members of winning teams. We would also probably agree that talent alone is not enough, that winning teams require teamwork and a winning game plan. On joining a counseling staff, a counselor not only becomes a team member but also is committed to and involved in the continuous process of program development and improvement—the implementation of a game plan. The effective development of any counseling program, regardless of setting, depends first on an accurate and continuous assessment of the needs of the target population to be served and then on those variables influencing the need and the possible responses to those needs. Such needs assessment is the key to successful planning for goals and objectives and procedures for goal attainment. The accurate assessment of potential client needs is critical in establishing and maintaining program relevance and fostering program accountability and evaluation.

Needs assessment, then, is the foundational activity for the development of accountable programs. This needs assessment is not a speculative, opinion-dominated process but a fact-seeking activity, which in turn enables programs to develop activities to meet the real needs of their clientele. The needs assessment activity, which can range from a simple to a complex process, is concerned with two databases:

1. *Target population assessment:* This data gathering seeks to establish factually the needs of the target population that the counseling program has been created to serve. These data will also influence priorities among these needs.

2. *Environmental assessment:* This is the gathering of factual data that facilitate the counseling program's understanding of the settings from which the target population comes and within which the program functions. Also, it is important that counselors understand the environment in which behavior occurs and the variables within this environment that can influence program responses to the identified needs.

Target population assessment provides a factual basis for a program's goals and objectives, and environmental assessment provides a factual basis for the procedures by which a program achieves its goals and objectives. The personal needs are the internal factors that initiate, direct, and sustain the program's activities, whereas the environmental characteristics provide the depth of understanding for more effectively responding to the needs.

Further, counselors must not only be skilled in observing and assessing the characteristics of the individual and his or her behavior, but they must also be skilled at assessing and understanding the environment that influences the behavior of clients. Influential environmental factors might include such characteristics as the weather, cleanliness of the surroundings, population density, ethnic diversity, leisure facilities, aesthetic factors, natural resources, accessibility, and noise. Environmental assessment would also include such social/personal data as marriage and divorce rates; membership in religious, civic, and service organizations; crime rate; and political characteristics. Also important in environmental assessment are such economic factors as tax rates, employment rates, and business trends. Of course, environmental assessment must also take into account the educational characteristics of the area.

The Needs Assessment

The development of accountable and relevant programs begins with the assessment of the needs of the target population (see Figure 11-1). In this process, developmental, preventive, and enhancement needs of the population are considered, as well as those needs that have intervention and remediation implications. This assessment is a technique for factually establishing program goals and objectives. Such an assessment directly involves the target population or a sampling of it, as well as critical support populations. For example, a school counseling program would not only gather data from students but would also survey parents, teachers, and others who had frequent and direct contact with the student population. Appropriate community personnel should also be involved.

The direct involvement of these populations is usually secured through questionnaires or structured interviews. Figure 11-2 presents an example of a simple questionnaire used in student needs assessment and completed by students and support populations.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Assessment of Needs Through Data Collection	Interpretation of Data	Priority Needs	Program Objectives	Program Procedures (activities developed based on program resources available)	Planning for Program Improvement (based on evaluation of outcomes and procedures)

Figure 11-1 Sequence of procedures for developing an accountable program of counseling and guidance.

Source: From Gibson, Robert L., Mitchell, Marianne H., and Basile, Sherry K., *Counseling in the Elementary School: A Comprehensive Approach*, p. 272. Copyright © 1993 by Allyn and Bacon. Reprinted by permission.

Person filling out form:	Rankings: Check one for each question below.					Additional Response
☐ Student ☐ Parent ☐ Teacher ☐ Businessperson	Very Important	Quite Important	Moderately Important	Somewhat Important	Not Important at All	In your opinion is this service being provided? (check one)
1. How important is it for students to be able to discuss personal problems with the school counselor?						yes___ no___
2. How important is it for the school counselor to provide career information?						yes___ no___
3. How important is it for the school counselor to provide information concerning colleges, trade schools, or the armed services?						yes___ no___
4. How important is it for the counselor to show the relationship between education and careers?						yes___ no___
5. How important is it for the counselor to provide assistance to the student in job placement upon graduation?						yes___ no___

Figure 11-2 Needs identification questionnaire.

	Very Important	Quite Important	Moderately Important	Somewhat Important	Not Important at All	In your opinion is this service being provided? (check one)
6. How important is it for the counselor to discuss with students which courses they will take in school?						yes___ no___
7. How important is it for the counselor to work with students who are failing or dropping out?						yes___ no___
8. How important is it for the counselor to lead small-group discussions on current student problems?						yes___ no___
9. How important is a counseling program in a high school?						yes___ no___
10. What other services for students do you think the school counselor should provide? (Please write in the space below and on the back.)						yes___ no___

Figure 11-2 (continued)

In addition to questionnaire and interview data, such other sources as school and community records will provide data that substantiate or identify the needs of potential clients. Environmental assessment seeks to establish the characteristics of program and population settings through identifying the characteristics of the environment's population, economics, and geography. Community assessment may be facilitated through the use and development of certain data planning instruments, as noted in Figures 11-3 and 11-4. Typical sources from which the previously suggested data may be gathered are noted in Figure 11-4, a checklist designed to guide the information seeker to common sources of community information. The form is not intended to record data but only to provide a guide to possible sources.

Data Analysis and Interpretation

Once data have been collected through the needs assessment process, the important task of data interpretation is a crucial next step to give meaning and relevance to the collected information. This data interpretation initially requires the categorization and summarization of data according to the categories established. Although the data may be manipulated statistically to maximize their meaning and significance, ultimately four basic questions must be asked for each data category:

- What do the data mean?
- What are the implications of this interpretation that can, within reason, be assumed?
- What is the importance of this information in (a) broad general terms and (b) in terms of program responsibility?
- What priorities should be assigned to these data as interpreted?

Considerations in determining priorities include appropriateness to the mission of the program, staff expertise, recognition by the public as a need, percentage of clients who would benefit from the addressing of this need, and any other factors that might be unique to the program. Counselors should keep in mind that programs in most settings are not designed to be just remedial. Prevention, development, and/or enhancement procedures can also be justifiable priorities for programs.

Identifying Program Priorities and Goals

Once gathered, the needs assessment data provide direction for determining goals and priorities and for developing counseling program objectives that are relevant and meaningful to the target population and setting. The initial procedure is a simple listing of goals and priorities, first as perceived by the target population. These then may be slightly reordered, as verified by the immediate support population, and then slightly reordered again once the base data are supplemented by information from secondary populations and sources. In the school setting, the students would represent the target population; teachers and parents would be the immediate support population. A supplementary or secondary population would include community personnel and data from student and other relevant records. This process leads to a tentative prioritizing of needs. A final reordering is established by eliminating any needs that may not be the professional responsibility of the counseling program or may require resources beyond those

Community: _____
 Survey dates: _____
 Survey team: _____

Dates

Scheduled:

1. Political leadership
2. Governmental (nonpolitical) leadership
3. Educational leadership (school board members, superintendents, principals, education association or union officials)
4. Major religious denominations (ministers, priests, rabbis)
5. Minority group (or groups) leadership
6. Judicial system (chief of police, juvenile judge, lawyers, county sheriff, probationary officials)
7. Business/commercial/industrial leadership (presidents [in residence] of local corporations, plant managers, owners of prominent local businesses)
8. Labor organization leadership
9. Youth leadership (student council members, athletic standouts, social club or gang leadership)
10. Civic leadership (officials of civic clubs, volunteer organizations)
11. Other (indicate status and representation)

Note: Be sure all interviewees meet the criteria for "significant contributors" as indicated in interviewing instructions. Structured interview guides should be adhered to insofar as possible. Exceptions should be noted and reasons for deviations explained.

Figure 11-3 Community survey checklist: Interview schedule.

Community:	_____
Survey dates:	_____
Survey team:	_____

Task Completed	
_____	1. Census data
_____	2. News media analysis
_____	3. Boards of education (minutes of) meetings
_____	4. Annual reports of schools
_____	5. County government data
_____	6. City government data
_____	7. Employment agencies
_____	8. Church board reports
_____	9. Chamber of commerce data
_____	10. Geographic data
_____	11. Ecological–environmental data
_____	12. Other significant data (list sources)

Note: If data are not available, place notation “NA” in blank at left of item.
Otherwise, when data are collected, place a “✓”.

Figure 11-4 Community survey checklist: Data collection.

available to the counseling program. The outcome of this process is the establishment of working priorities in a hierarchical order; these are then translated into goals and objectives.

The translation of priorities into goals and objectives requires their being stated in writing. The program goals are typically described in broad, general terms that may not be tied to specific time constraints. The program objectives must be stated in objective, measurable terms and related to a time frame. Objectives are designed to describe desired performances. They should also be measurable and designed to contribute to the achievement of a program goal and the meeting of one or more specially identified needs. Of course, the assessment of needs and the establishment of related goals and objectives are not in themselves a guarantee of program relevancy. A needs assessment only establishes an awareness of what a counseling program should consider in planning the utilization of its resources. The real criteria of program relevancy will result from the degree of understanding and concern and the appropriateness of the plan of action developed and executed by the counseling staff. An effective plan of action will reflect many, if not all, of the following characteristics:

1. *It should be developmental.* Program planning should be developmental, indicating immediate, intermediate, and long-range program goals. As a start-

ing point, it may be appropriate to envision an ultimate, utopian program for the setting for which it will be designed and, having established these long-range goals, to then determine those priorities that should be given immediate attention, those that may need attention within the next several years, and those that the program ultimately hopes to accomplish. Programs should at all times be developmental, for development implies continuous growth and improvement.

2. *It should have a logical, sequential plan of development.* The development of any program usually proceeds from a foundation that seems appropriate to subsequent development. This foundation is its needs and readiness assessments and their relationship to the resources at hand.
3. *It should be flexible.* Counseling programs must be flexible to meet the changing needs of youth and other client populations. This suggests also that initial planning for program development must be limited to what can be reasonably achieved. Programs that are overly ambitious in their design allow little room for unexpected opportunities. A part of flexibility in planning should be the identification of possible problems and alternate procedures for goal achievement.
4. *It should give a high priority to communication, coordination, and cooperation.* Like the other components of program development, these activities should not be left to chance. It is important, for example, to have a plan for communicating the development of the school counseling program to faculty members individually and in groups, as well as to students, parents, and others. Cooperation with other programs and persons is important if the program is to receive reciprocal cooperation. In communicating with the various relevant groups and people in the community, different approaches must be used that recognize the uniqueness and differences of these individuals and groups. For example, techniques for communicating with youths would certainly be different in many ways from those that are effective with adults and related professionals. Often, counseling programs increasingly fail to communicate their missions clearly and effectively to others; as a result, many question the need for such programs. Coordination and cooperation failures have also adversely affected the positive image that counseling programs seek to portray.
5. *It should provide a basis for resource employment.* An adequate plan for program development provides a logical basis for personnel assignment, budget development, and resource allocation and utilization. This means that the plan must be a clear and concise one in which the relationships between program goals, the activities for achieving these goals, and the personnel and other resources needed to accomplish them can be readily recognized. The program director must be a resource coordinator. Program planning must, therefore, take into account those resources that may be available for program development and goal accomplishment. An inventory of possible resources becomes an important activity in planning for program development.
6. Finally, *the plan should provide for the measuring of results and evaluation of program outcomes* in relationship to the program stated goals and objectives.

Identifying Processes for Achievement of Program Goals

After program goals are identified and specified in objective or measurable terminology, the logical next step in program development is identifying the appropriate processes for achieving each goal. In this step it is important to treat each goal separately even though one procedural activity may serve several goals. What is desired is the identification in a timely manner of the most efficient and effective procedure, or procedures, for goal achievement. Initially, it may be desirable to list all the possible ways in which a goal might be attained and then to eliminate those that seem the least effective or efficient. In the identification of processes one must continually keep in mind the number of staff available, their qualifications for implementing the procedure, and the time commitment required for effective implementation. It is also important to keep a broad perspective so that the combination of procedures does not overtax the staff or overload the program.

Once the appropriate procedures have been identified for each of the goals, it is not only important but also helpful to plot these into a time frame. This is frequently referred to as the developmental plan for X program in X year (e.g., Counseling Program for Year 2010). A typical developmental plan will list the program's objectives vertically; then it will display the months of the year horizontally; and in the resulting frames, it will list the program's procedures, month by month, for achieving each of the program's specified objectives.

Communications: An Important Part of Procedural Planning

An important element in any plan for program development is an effective means of communicating to all appropriate audiences the program's goals, activities, and outcomes. Accountable organizations must, by their very nature, collect, organize, maintain, and utilize a large and varied amount of information. Members of organizations must have ready access to key data for day-to-day operations, required reporting, public communications, and future planning. It is this public communication that is the most neglected by counseling program planners. Basic professional skills are an assumed prerequisite for appointment to counseling positions, but interpersonal competence outside the counseling relationship is an oft-neglected requirement for program success. All businesses and industries and most other health services have marketing plans; counseling programs, however, frequently fail to promote their "product." In recent years budget downsizing in many organizations has made it especially important for counseling programs to make themselves known. Various studies have indicated a complete lack of understanding of the worthwhile and vital contributions that counseling programs make not only to the welfare of their clients individually but also to the community as a whole.

In the development of effective programs that will, in turn, achieve the necessary public support, it is important to include a communications plan that will inform and influence the supporting publics, including those clientele potentially eligible to utilize the services. In the development of the communications segment of a counseling program, it is often helpful to develop a communications plan that identifies (a) the audiences to be addressed, (b) what information they should receive, (c) what the purpose of providing this information is, (d) how the information is to be communicated, (e) by whom it is to be communicated, and (f) when it is to be communicated. Keep in mind that communication is an ongoing, continuous activity that involves not only sending but also receiving. Knowledge acquisition is mandatory for keeping counselors relevant.

EVALUATING THE COUNSELING PROGRAM

Everyone constantly seeks ways to improve many routine chores, whether it is trying a new toothpaste or a different breakfast cereal or taking a new route to work. In a sense, people constantly evaluate many daily decisions and activities. People are also involved, usually unofficially, in many external evaluations of such things as the local newspaper; a current TV program; the decisions of Congress; and the teachers, courses, and textbooks with which children come in contact. Just as these evaluations are a part of the process of improving daily living or exercising a right to express one's opinions, the more formal, structured evaluations of one's professional activities and organizations should also receive daily attention.

As the critics of counseling have constantly pointed out in recent years, justifiably or not, evaluative evidence and activities appear, all too frequently, to be either missing or, at best, misleading. Certainly, counseling programs are under closer scrutiny and increased accountability from a variety of sources as demands for counseling services and programs have expanded, costs have increased, and priorities for public spending have become competitive.

A Process for Professional and Program Improvement

One often reads or hears about a public office holder, a salesperson, or a teacher with 30 years of experience—but with no mention of the quality of that experience. Experience does not, in and of itself, guarantee improvement and quality. All professionals must set and achieve a personal ethical goal of constantly and critically evaluating their own professional activities. A lack of evaluation often leads to mediocrity or failure to reach one's full potential in terms of what professionals might accomplish for the clients they serve. It may also suggest that avoidance of evaluation implies program weaknesses and failures. Evaluation for counselors in a variety of settings is foremost a process for professional improvement, a process in which one gathers objective, performance-oriented data on a systematic and nonbiased basis. These data are then used to constantly improve, upgrade, and update one's professional performance. External evaluations such as the North Central Association Commission on Accreditation and School Improvement are considered highly desirable and usually above suspicion.

Of the changing concepts of evaluation in recent decades, one of the most popular among evaluation experts is the view of evaluation as a process for providing information for decision makers. This information should be objective data that will assist decision makers in determining the relative value of competing alternatives and that will immeasurably improve their probability of making the right decisions for program improvement. In this context of evaluation as a process for program improvement, two distinctions in evaluation are important: *formative* evaluation and *summative* evaluation. Worthen, White, and Borg (1993) note that

formal evaluation studies can serve either a *formative* purpose (such as helping to improve a mathematics curriculum) or a *summative* purpose (such as deciding whether that curriculum should be continued). Although these distinctions may blur somewhat in practice, they are useful nonetheless.

Formative evaluation is conducted during the planning and operation of a school program to provide those involved with evaluative information they can use in improving the program. For

example, assume a school district is attempting to develop a local curriculum package on the history of their particular country. During development of the new curriculum unit, formative evaluation might involve content inspection by history experts' early tryouts with small numbers of children in one school in the district, and so forth. Each step would provide immediate feedback to the curriculum developers, who could use such information to make necessary revisions.

Summative evaluation occurs after a curriculum or program is considered ready for regular use, and provides potential consumers evidence about the program's worth. In our example, after the local history program was developed, a summative evaluation might determine how effective the program was in teaching local history, using a broad sample of the schools, teachers, and students in the district for which it was developed. The findings of that summative evaluation could be made available to all schools in the district who could then better determine whether to use the history unit in their schools. Summative evaluation is also used to make "go/no go" decisions, such as whether to continue or terminate a particular curriculum.

Formative and summative evaluation are both essential because decisions are needed early in the development of a program, to improve it, as well as when it has stabilized, to judge its final worth. (p. 625)

Other Functions of Evaluation

The wide range of evaluation purposes may seem to rival that of the political party platforms of promising something for everybody. Although that is not the intent, it is important to recognize some of the values of this activity. Examples of these additional functions of evaluation are as follows:

- *Verifies or rejects practices* by providing evidence for what works and what does not, or the degree to which an activity seems to be effective. This also helps to avoid meaningless innovations and unproven fads.
- *Measures improvement* by providing evidence on a continuous basis so that both rate and level of progress may be ascertained.
- *Enhances probability of growth* by providing a basis for improvements in the operation and its activities.
- *Builds credibility.* By the very nature of the activity, evaluation suggests a continuous search for better ways of doing things, a constant quest for improvement, and a willingness to put efforts on the line and take a look at how we're doing.
- *Provides for increased insights.* By the fact of examining our own or an organization's functioning, we become more knowledgeable and understanding about this functioning, more aware of influencing factors and potential consequences.
- *Increases and improves participation in decision making.* Because evaluation involves everyone within the organization structure, the process, by necessity, involves them in the outcomes, which in turn should bring about the participation of all such personnel in planning new directions and implementing the findings.
- *Places responsibilities.* By identifying who is responsible for what and when, evaluation stimulates links between specific persons and specific activities. It decreases the probability that everyone will claim credit for the successes and no one will accept responsibility for the failures.

- *Provides a rationality for the enterprise* by improving overall accountability, including evidence of accomplishments and growth.

In summary, the basic purpose of any evaluation is to provide guidelines for program improvement. Additionally, positive evaluations can be publicized to gain and continue support for programs.

Principles of Evaluation

Because evaluation is a process for appraising the effectiveness of a program or activity, it is most beneficial when conducted within a framework of guiding principles. Seven of these are discussed in the following list.

1. *Effective evaluation requires a recognition of program goals.* Before any meaningful program of evaluation can be undertaken, it is essential that the goals of that program be clearly identified. These objectives provide indications of program intent, which form the basis for subsequent planning and procedures. The objectives of the program should be stated in clear and measurable terminology. This principle suggests that counseling programs should be evaluated on the basis of how well they are doing what they set out to do.

2. *Effective evaluation requires valid measuring criteria.* Once program goals are clearly defined, valid criteria for measuring progress toward those goals must be identified. The development of such criteria is crucial if the evaluation is to be both valid and meaningful. For example, if an annual program goal for a junior community college counseling program is to provide each entering student with a series of three career interviews with a counselor, the measuring criteria could be a simple count indicating the percentage of students who did, in fact, have such an opportunity. If, however, the program goal is to provide each student with a broadening of his or her career understanding, the measuring criteria is less obvious and might depend on a further refinement of what is meant by career understanding. In other words, vaguely stated goals and vaguely stated criteria lessen the effectiveness of program evaluation.

3. *Effective program evaluation depends on valid application of the measuring criteria.* As discussed in the previous paragraph, valid criteria for measuring progress toward the program's stated goals must be established. It is not sufficient, however, to merely establish criteria. Their ultimate validity will depend on their valid application. This implies that effective evaluation of all counseling programs should involve, in each instance, persons who are professionally competent in both evaluation techniques and the understanding of such counseling programs. Too often, effective evaluation criteria are dissipated in the hands of evaluators who have, at best, only a superficial knowledge of the appropriate roles and functions of counseling programs.

4. *Program evaluation should involve all who are affected.* Evaluation of a counseling program should involve those who are participants in or who are affected by the program. This would include, in addition to the counseling staff, program administrators, users of the services, and, on appropriate occasions, members of the community or supporting agencies. The major contribution to effective evaluation must come from those who have firsthand knowledge or involvement in the program. External evaluators from governmental

agencies, accrediting associations, or other educational institutions can, of course, be helpful, but they should not be the sole providers of evaluations.

5. *Meaningful evaluation requires feedback and follow-through.* The evaluation process and the evaluation report are not in and of themselves of great value. Only when the results are used for program improvement and development does the evaluation process take on meaning. This presumes, then, that the results of any program evaluation are made available to those concerned with program management and development. It also presumes that the program manager and his or her staff will use these results for future program planning, development, and decision making.

6. *Evaluation is most effective as a planned, continuous process.* This approach may enable the program staff to identify at any time weaknesses that need correcting immediately or accomplishments that should be capitalized on. This means that there are specific plans and designated responsibilities for both the ongoing evaluation of a program's progress and the more extensive annual or semiannual reviews.

7. *Evaluation emphasizes the positive.* Frequently, evaluation is viewed as a threatening process aimed at ferreting out hidden weaknesses and spotlighting goofs. If program evaluation is to produce the most meaningful results possible, it must be conducted in a spirit that is positive, be aimed at facilitating program improvement, and emphasizes strengths as well as weaknesses.

Methods of Evaluation

The Before-and-After Method

The before-and-after method of evaluation seeks to identify the progress that takes place in a program's development as a result of specific program activities over a given period. For example, a school counseling program's objective might be to provide each student with a week-end work experience during her or his junior year. At the beginning of the school year, before the program begins, it should be presumed that no one has had this experience. At the end of the year, after the program ends, the number who actually participated should give some indication of goal achievement. An example of a community agency's program might be to provide three stress management workshops over the course of the calendar year for employees in the local Mushy Mattress Factory. At the end of the calendar year, it could be noted that the workshops were actually conducted and that the goal has therefore been achieved.

The How-Do-We-Compare Method

The how-do-we-compare method makes evaluations on the basis of comparing one group against another or against the norm of a number of groups. Different techniques for achieving the same goal can also be evaluated by this comparative method. For example, a secondary school in Bloomington, Indiana, might note that it has a counselor-to-pupil ratio of 1 to 258, compared with the norm for 200 midwestern secondary schools of 1 to 418. Such a comparison would indicate, of course, that the Bloomington school system is making more adequate provisions for high school counseling personnel than are most other school systems in the Midwest.

The How-Do-We-Stand Method

The how-do-we-stand method is based on identifying desirable program outcomes and related characteristics and criteria. Rating scales, checklists, and questionnaires may be developed from these criteria and used to indicate the degree to which a program measures up. For example, evaluative criteria or checklists used by most accrediting associations and many state government agencies and departments reflect this approach. Although this evaluation method may ignore appropriate objectives and sometimes unique and innovative practices on a local level, it does provide guidelines that enable programs to be compared with generally accepted standards.

Procedures for Evaluation

The evaluation process usually involves a series of activities in a sequence, which approximates the following:

1. *Identifying goals to be assessed.* The first step establishes the variables, or limits, for the evaluation. Evaluation can focus on the total counseling program or on only one or several particular objectives. These program objectives should be stated in clear, concise, specific, and measurable terms. Broadly stated goals are much more difficult to measure than a specifically stated goal.

2. *Developing an evaluation plan.* Once the objectives for evaluation have been established, the identification and validation of criteria appropriate for measuring the program's progress toward these objectives follow. The overall evaluation plan, in addition to specifying the kinds of data to be collected, should also specify how data will be collected, when, and by whom. This plan must also give attention to how the data will be organized and reported and to whom. Finally, such a plan should conclude with provisions for using the findings for future program development.

3. *Applying the evaluation plan.* After an acceptable evaluation plan has been designed, its validity is then dependent on the manner in which it is carried out. Once again, we stress the importance of adequate planning and a positive approach, utilizing evaluators who possess the necessary understanding and competency. Timing is also important because some aspects of a program can only be appropriately evaluated after some time has elapsed following conclusion of the program, whereas other specific activities need to be assessed immediately.

4. *Using the findings.* Evaluation as an activity is in itself of little value. It is in the application of the findings that the real worth of evaluation lies. Through the process of evaluation, the strengths and weaknesses of programs can be ascertained. The resulting insights may then provide directions for future program improvement. The utilization of these findings, however, cannot be left to mere chance. There must be planning, with specific responsibilities for the utilization of the findings, and subsequent follow-up to establish the degree to which the evaluation recommendations have been fulfilled.

External Evaluation Associations

Schools

The major evaluation association for elementary and secondary schools and of significance to university programs, both undergraduate and graduate, is the newly formed AdvancED. In April 2006, the North Central Association Commission on Accreditation and School Improvement (NCA CASI), Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI), and National Study of School Evaluation (NSSE) came together to form one strong and unified organization dedicated to advancing excellence in education through accreditation, research, and professional services. This unified organization, AdvancED, serves as the parent organization for NCA CASI and SACS CASI, which act as the accreditation divisions of the unified organization (NC CASI, 2006).

These associations have developed evaluative criteria that are translated into checklists and other instrumentation or techniques; these are used by both participating schools and association evaluation teams that conduct accreditation visits to those educational institutions seeking accreditation. Additionally, some accreditation bodies represent most of the major higher education disciplines. For example, the National Council for Accreditation of Teacher Education (NCATE) is the accreditation body specializing in accrediting schools, colleges, and departments of education.

Community Agencies

A number of external evaluation associations accredit various types of agencies. These include the (a) Joint Commission on Accreditation of Healthcare Organizations (JCAHO), (b) Commission on Accreditation of Rehabilitation Facilities (CARF), (c) Council on Accreditation of Services for Families and Children (COA), and (d) National Committee for Quality Assurance (NCQA). Typically these associations specify standards and then indicate criteria by which each standard is measured or evaluated. For example, the JCAHO organizes the standards to be met under two sections: (1) individually focused functions and (2) organization functions. Specifically, the individually focused functions are (a) rights, responsibilities, and ethics, (b) assessment, (c) care, (d) education, and (e) continuum. The organization functions are (a) improving organization performance, (b) leadership, (c) management of the environment of care, (d) management of human resources, (e) management of information, (f) surveillance, prevention, and control of infection, (g) behavioral health promotion, and (h) foster care. Each of these standards specifies criteria for satisfactorily meeting it.

Community mental health center programs have also felt increased pressures to conduct systematic program evaluations, partly as the result of the increasing demands of the federal government to verify program efficiency and effectiveness in community mental health centers. For example, the landmark Public Law 94-63, the Community Mental Health Centers Amendments of 1975, required community mental health centers to conduct program evaluations and mandated three general types of evaluation, as follows:

1. *Quality assurance of clinical services.* Each center is to establish ongoing quality assurance of its clinical services.

2. *Self-evaluation.* Each center will collect data and evaluate its services in relation to program goals and values and to catchment area needs and resources. The data shall consist of (a) cost of center operations, (b) patterns of use of services, (c) availability, awareness, acceptability, and accessibility of services, (d) impact of services upon the mental health of residents of the catchment area, (e) effectiveness of consultation and education services, and (f) the impact of the center on reducing inappropriate institutionalization.
3. *Residents' review.* At least annually, each center will publicize and make available all evaluation data (of the types listed in items 1 and 2) to residents of the catchment area. In addition, it will organize and publicize an opportunity for citizens to review the center's program of services to ensure that services are responsive to the needs of residents of the catchment area.

In concluding this section, we emphasize the importance of using the results and recommendations of evaluation. Evaluation is useless if it simply becomes a report. The major objective of any evaluation, of course, is to improve the program evaluated. Evaluation, therefore, would result in program planning for the future designed to correct weaknesses and build on strengths. Positive evaluations can also be a basis for public communication.

UNDERSTANDING PROGRAM MANAGEMENT AND DEVELOPMENT

Beginning counselors might view the prospects of program management and development responsibilities and the likelihood of being involved in administering an ongoing program as not only remote but also as potentially undesirable. Let us therefore advance some of the reasons that counselors should possess a minimal understanding of management, development, and leadership.

Administration and Your Job

A common complaint throughout all organizations today and perhaps throughout history concerns the inroads made upon professional time by nonprofessional or administrative activities. Administrative obligations, however, are a fact of life for all functioning professionals, including counselors in all settings. Because one cannot avoid all responsibilities for program administration, management, and development at any level, it will be beneficial if from the beginning of your professional activities as a counselor you have a minimal understanding of these matters and how you may best respond.

Recognizing the inevitability of administrative responsibilities, what can one do to discharge these duties as expeditiously and effectively as possible? The following are suggestions gleaned from informal interviews with successful program managers and administrators in various settings:

1. *Be organized.* To be organized means, among other things, having a place for everything and everything in its place. This keeps you from wasting time in search-and-find operations. Being organized also means planning the use of your time. This includes maintaining a daily calendar that allows sufficient time for each task for which

you are responsible. Because it is not always possible to estimate the exact amount of time a counseling interview may consume, it is better to allocate too much rather than too little time on one's calendar. Implicit in organization is an efficient filing and record-keeping system that allows ready access to items as needed. Files should contain all necessary and relevant information but should be periodically purged of outdated and nonuseful materials. Although neatness is not necessarily a guarantee of organization, a relationship appears to exist between a neat office and a well-organized one.

2. *Do it right the first time.* Much administration seems to focus on preparing reports, maintaining records, and organizing data. As previously indicated, increasing emphasis on accountability, plus requirements mandated by state or federal statutes, has further accentuated the necessity of gathering objective data supporting the counseling enterprise. It is important to take time to understand exactly what it is you have to report and how it is to be reported. If you do not understand it, do not hesitate to ask for help if you need it. Do not waste your time and someone else's by doing it wrong the first time. You must also demand accuracy of yourself in completing any report or record and in organizing data. Long, cumbersome documents encourage guessing on the part of respondents. Other reports, especially those of an evaluative nature, may tempt one to fake or fudge a bit on the responses. The single word of advice is *don't*. In addition to the risk of being embarrassed by someone noting your inaccuracies, you risk the more dangerous possibility that important decisions will be made on the basis of inaccurate and irresponsible data.

3. *Do it on time.* Assuming that you have been convinced to do your reporting and recording accurately, do not detract from your administrative responsibilities by being late. Usually, certain data are required with reason at certain times for certain decisions. Your delays can handicap this process, especially when your colleagues have all responded on time. On those rare occasions when an emergency prevents you from discharging a responsibility on time, you must give it the highest priority and complete it at the earliest opportunity to avoid a domino effect in which every activity down the line will also be subject to tardiness.

4. *Plan your own time.* All of us on occasion will come up against constraints on our time. Walking down the halls in almost any setting, we can hear comments such as "All I ever do is go to meetings," or "All I get done is answer the phone," or "If people would just stop dropping in unannounced," or "I don't seem to have any time to myself any more." Time frustration seems to occur for all of us. Thus, the use and control of time are critical in one's efficient functioning, in both administration and in counseling; they also have an impact on one's morale. The objective of planning your time is to make the most of it and, at the same time, to leave you enough freedom and flexibility so you do not feel that the clock is your boss. To do this, several considerations come into play. One is to do the things you do at the times you do them best. For example, some may find they prepare reports most efficiently if they do so first thing in the morning. Others may find it desirable to use the first hour or so at work to complete the waking-up process with a second cup of coffee. It is also important to do what we do where we do them best, perhaps getting away to some private corner where we are uninterrupted by certain

administrative responsibilities. We may also wish an informal setting for conferences with colleagues. In planning the use of time, it is important that we understand ourselves in relationship to where and how we function best. We adapt our time commitment to our working style.

5. *Do it neatly.* The effects of doing it right and doing it on time may still be lost if an interpreter is needed to translate what we have done. If your handwriting is sloppy, try typing or printing reports for others. Lack of neatness can also detract from the impact of reports. A report that looks as if it has been done and redone a dozen times may also be more subject to scrutiny and questions by superiors.

6. *Do the undesirable.* Every job, even those we have always dreamed about, will include undesirable tasks on occasion. You may have a tendency to put these off. These tendencies or temptations should be avoided. An undesirable task postponed may result in consequences harmful to the effective functioning of the program.

7. *Do save time for the unexpected.* Regardless of the detail of one's planning, there will always be unexpected demands that require attention. Time must be reserved for these situations. It is also important to set aside a little time for the occasional coffee break and relaxation.

Suggestions for functioning effectively also include the following don'ts:

1. *Don't let it spoil your day.* Although not everyone may enjoy the challenges of recording and reporting, such tasks should be accepted as inevitable responsibilities that will not be facilitated by constant complaints. The frequent suggestion of many administrators is that you do it and forget it.

2. *Don't expect to understand the need for every report.* Frustrations frequently occur when one fails to see a rationale for the kind of data that are needed. Allied with this is the fact that we may also not understand why it has to be done "their" way instead of our "better" way. When something is requested by your immediate supervisor, you are more likely to understand the need than if it is requested by upper management, several organizational levels removed. However, inevitably there will be occasions when reports are requested from afar that will challenge all that is rational. Again, do it and forget it.

3. *Don't be tempted to become an administrator.* In some settings, counselors appear to receive the most brownie points from their superiors by meeting their administrative responsibilities. It therefore becomes a natural temptation to overemphasize that aspect of the job. Many counselors commonly complain that they spend too much time in administrative activities; even many program administrators agree. A counselor's major responsibility in any setting, with the possible exception of a program director, is to counsel. This should be the counselor's primary, time-consuming activity. Although it is important to meet one's administrative responsibilities efficiently and effectively, that does not imply that they must overshadow in importance or time the main reason for which one is hired as a counselor.

As an aid to help those who may be reluctant to move from disorganization to organization, the following score pad (Table 11-1) will enable you to play the time game. It may help persons develop an awareness of their personal time management styles.

Table 11-1 The time game score pad (Object: To improve your score on a daily, weekly, or monthly basis).

<i>Hour</i>	<i>What did I do?</i>	<i>Had I planned to do it?^a</i>	<i>How well did I do it?^b</i>	<i>Did I do it with a positive attitude?^c</i>	<i>Comments to self^d</i>
8 A.M.					
9 A.M.					
10 A.M.					
11 A.M.					
12 noon					
1 P.M.					
2 P.M.					
3 P.M.					
4 P.M.					
5 P.M.					

^a 5 points if you had planned to do it.

3 points if you had planned to do it because it was overdue.

0 points if you hadn't planned to do it.

–3 points if you hadn't planned to do it but it was an unexpected requirement that had a higher priority than what you had planned.

^b Score yourself on a scale of 0 to 5.

^c 3 points if you did it with enthusiasm.

2 points if you did it with a positive attitude.

1 point if you did it and then forgot about it.

0 points if you did it and then worried about it.

–1 point if you did it with frustration and/or anger.

–5 points if you did it and it drove you to distraction.

^d 1 point for each constructive suggestion.

–1 point for statements using profanity.

Totals:

1. Subtotal A + B + C + D.

2. Subtract 5 points if you didn't take a lunch break.

3. Subtract 10 points if you didn't take a lunch break for a second day in a row.

PROGRAM MANAGEMENT

Program management as it is perceived in recent generations can obviously be described in a variety of different ways. Regardless of labels, nearly all programs must provide for the management of (a) personnel, (b) budgeting, (c) facilities, and (d) activities. The program manager must, of course, be responsible for the development of a plan that logically structures and coordinates all these elements. Program management also involves the development of policies that guide practice. Program management may also provide job descriptions that guide staff members of the program in their activities and responsibilities. Program management also recognizes differing levels of responsibility and management. For example, Figure 11-5 depicts such levels as they might exist in educational systems.

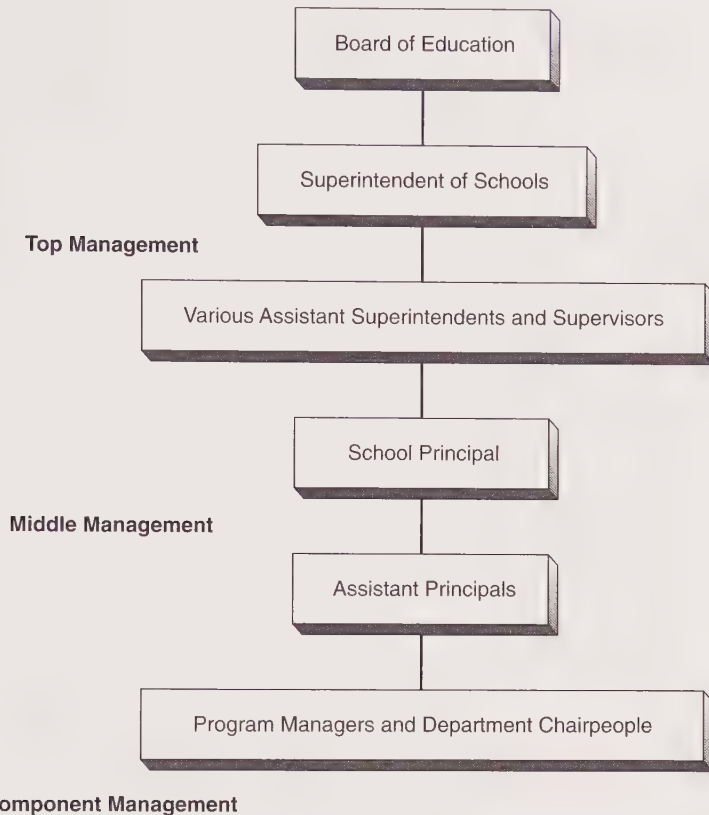


Figure 11-5 Levels of educational management.

The responsibilities and activities of program management may vary according to levels and settings, but it is possible to identify two basic areas of functioning. The first deals with the managing of basic resources, such as personnel, budget, and facilities. The second focuses on organizing and facilitating such basic activities as coordination, communication, cooperation, decision making, and evaluation. The emphasis of discussions here are on what is involved rather than on how one should do it. Following are some suggestions appropriate for entry-level counselors, who should also be aware that as one moves into management responsibilities, one's own style and techniques tend to emerge.

Managing Resources

Of all the resources that a program manager is called on to use, the human resource is by far the most important. The manner in which this resource is managed will largely determine the success or failure of the program and also whether the manager is a program leader or simply a program administrator. Program managers, on the one hand, view themselves as facilitators—leaders who function in such a manner that it enables their staffs to function more effectively, and more easily, in meeting their assigned responsibilities. Program administrators, on the other hand, often view themselves as overseers—policy enforcers and performance evaluators—

hardly ones to inspire performance. The program manager's initial responsibility in many instances will begin with staffing, which will be a consistent consideration as long as there is staff turnover. Staff selection should minimally involve three factors: (1) qualifications, (2) versatility, and (3) adaptability. These factors are discussed in the subsections that follow.

Qualifications

An individual's qualifications are primarily but not exclusively based on training and experience related to the expectancies of the position. In viewing an applicant's training background, consideration should be given not only to the content of the training program but also to its date, affiliation, and areas of specialization. Although academic achievements in themselves are not the sole criterion for performance on the job, a person's academic achievements should not be completely ignored. There may be little difference in performance between the A and B student, but one should not anticipate that the C student will perform as well on the job as the A student.

When examining experience, program managers usually compare the type, amount, and success of previous experiences. Experience may not always be a factor, for many program managers are anxious to hire recent graduates who can bring new ideas, more up-to-date concepts, and perhaps needed youthful enthusiasm to their programs.

In school settings, Gysbers and Henderson (2000) note:

Effective performance in a position is a shared responsibility of the position holder and the school district. Counselor applicants have a responsibility to define themselves adequately so that prospective employers can evaluate whether they are "right" for the jobs available. Employers have the responsibility for clearly and specifically defining the positions available. Counselors have a professional responsibility to be competent in what the district has the right to expect—that is, the educational areas defined as minimum standards for certification by the state and the ethical standards defined by the profession. (p. 231).

Finally, the personality of the potential staff must be taken into consideration. Will the individual relate and work comfortably with the other staff members and vice versa? Is the individual positive and enthusiastic about her or his potential responsibilities? Does the individual project an aura of professionalism and dependability?

Staff Versatility

When the program manager has a staff of at least one to manage, providing for program versatility enters into staff selection. Differing backgrounds should provide a wider range of specialty skills. Also, it has frequently been noted that staffs of two or more should include one member of each sex and minority or cultural representation, as appropriate. Some range in age representation is important, especially in institutional and community settings, and the old schoolboy network (hire all graduates from the same school) should not be perpetuated at the expense of program versatility. Of course, staff selection must always consider the qualifications needed to meet the needs of the program.

Adaptability

Another consideration that is often overlooked in staffing is the adaptability of a staff member to both the job setting and the community or area environment. The person must not only like the job, but the job must like the person. A staff member will function more

effectively when relationships are congenial among the staff and those with whom they come in frequent contact. This, of course, would include the clients that the staff serves. It is not suggested that one form friendships with clients, but it is important to be able to relate to the client population, whether it is inner-city, suburban society, Appalachian poor, or Alaskan Eskimo.

Staff members must also be able to adapt to the community or area environment that supports the job setting. It is highly unlikely that people can be unhappy in their community-home lives and happy in their work lives. The inability to adapt to a community environment can also have adverse effects on the public relations aspect of the counseling program.

Managing Personnel

Once staffing decisions have been made and personnel are functioning on a job, management's responsibilities continue to be important. These include the following:

1. *Assignment of responsibility.* Staff members should have specific activities for which they are responsible and for which each staff member knows she or he is answerable. In assigning these responsibilities, the program manager seeks to capitalize on the special skills, experience, preferences, and personal characteristics of the staff member. In some instances this will involve the delegation of some undesirable or less favored tasks. Staff members must anticipate these as well as their share of the more rewarding activities. A good program manager will not delegate all the "donkey work" and keep only the "goodies" for himself or herself. It is of utmost importance that every staff member have some duties that are enjoyable, challenging, and motivating. To paraphrase an old saying, "All dull work and no fun work make Jack or Jill an unmotivated professional!"

2. *Provisions for staff support.* The fact that counselors are providing helping services and human support to others does not mean that counselors should or can function without the support of others. A program manager must see that staff members help and support each other and, additionally, receive help and support from beyond the counseling offices. Ways in which this may be accomplished include meaningful group work or committee assignments in which members share their interest in a common problem or topic with other personnel outside the counseling staff. Obviously, part of this human support system is the program manager's personal interactions with each staff member.

3. *Provisions for staff development.* The effective program manager is ever alert to the ongoing need for the professional development of all staff members, including self. Completing a degree provides entry into the professional workforce, but it does not signify an end to the development of a counselor's professional competencies. In fact, it should signal the beginning of such development. Clients have the right to expect that their counselors will be up to date—aware of the latest advancements, significant research, and promising practices in the field. Thus, professional development is to be anticipated and sought after by the professional counselor throughout his or her active career. Program leaders have the responsibility of providing opportunities, motivation, and, if possible, resources.

Budget Management

The importance of budget and budget management in any setting can hardly be overemphasized. A budget's significance in any system of accountability is paramount. In effect, it enables the supporting public—whether taxpayers, donors, or paying clients—to see what they are paying for and whether they are getting their money's worth. To the individual staff member, budgeting is often a mysterious, misunderstood, maddening, and far-removed process that has a direct and undeniable relationship to staff morale. It is therefore important that staff members recognize the level at which their immediate program manager is involved and the extent of that involvement.

It is also helpful to understand the level at which budgeting decisions, especially those affecting staff members, are made. In many settings, lower-level managers may be limited in their budget responsibilities to recommending or requisitioning from budgets established elsewhere. Crucial budget decisions, such as salaries and salary increments, staffing additions, and equipment purchases, tend to be made at middle- and upper-management levels. These real budget managers are usually involved in budgeting for personnel, including both professional and support staff, and services, such as consultants, communications, supplies, equipment, and travel. Budget decisions for capital improvements, such as new buildings or significant remodeling, are usually made at only the highest level of management.

One form of budgeting that has become increasingly prevalent at even the lower levels of management involves program activities supported by federal or state grants. These are usually developed in response to mandated federal or state programs. These programs have specific objectives and procedures and a budget that is directly related and accountable to those procedures and objectives.

Beginning counselors are unlikely to be involved in budget management, but they probably will be involved in budget expenditures. Because mismanagement or misspent monies may become your personal expense, the following suggestions are pertinent.

1. *Each budget item is related to an activity*, which in turn is related to a specific goal or objective of the organization. It is important to understand the reason for an expenditure, which also suggests spending only for those categories that are budgeted; for example, if professional travel is not provided for in a budget, you do not travel to a professional meeting by taking \$500 from the supply item in the budget, even if it is not being spent elsewhere.

2. *Spend only what you have*. Although you may occasionally overdraw a bank account, you are usually reminded quickly and make amends before it becomes a bankruptcy disaster. However, all too frequently, when spending someone else's money, there is an inclination to be less concerned until it is too late. Remember, any spending you do that is beyond the available budget will probably end up being your own personal expense.

3. *Spend economically*. The fact that you have a budget does not mean that the sky is the limit as long as you spend it for items in the budget and as long as you do not exceed the budget. Budget managers are expected to be good shoppers. This does not mean that you sacrifice quality for economy but that you get the most for your budgetary dollar. For example, on major purchases such as computers or video and electronic equipment, it is customary to obtain two or three estimates, including those provided by traditional discount

houses, before determining the place of purchase. If the expenditure is for travel, recipients are usually expected to be aware of the various bargain travel fares and to travel regular or tourist class on common carriers. If private vehicles are used, mileage rates are usually established by federal, state, or local agencies.

4. *Secure receipts.* If you spend budgeted funds in any amount, you will be reimbursed only when you provide proof of purchase. The only acceptable proof of purchase is a receipt for the goods or services obtained (showing the item, even if it is an elephant, is not considered proof of purchase).

5. *Keep a running account.* Anyone who has responsibility for any budget or segment of one must know exactly what has been expended and what remains at any given point during the duration of the budget. This means keeping a daily, if necessary, running account of debits, credits, and balances.

6. *Be aware of any unusual (or usual) legal or contract restraints.* This point is perhaps most appropriate when persons have budgetary responsibilities emanating from special contracts or grants. In such instances, budget managers, when in doubt, should consult the appropriate legal or contract authority before authorizing an expenditure.

Managing Facilities

The management of facilities takes on appropriate importance when one considers that persons may spend more of their waking hours in their workplaces than in their homes, and elsewhere. Facilities are important in determining whether persons will have the opportunity to do their jobs in the ways they are capable of doing them. In large, complex institutions, facilities are often viewed as symbols that reflect the importance with which the operation is viewed. (It is thus inevitable that a school principal's office will always be at least a shade larger than the school counselor's, that the college president's office and decor will be considerably larger and more luxurious than that of the institution's most distinguished professor.) Facility concerns of program managers include the following:

- *Adequacy.* Size, furnishings, general decor, comfort, cleanliness, and—above all for counselors—privacy are determinants of the adequacy of one's work space. These factors tend to determine the atmosphere in which one works. Those who have ever worked in dingy, dreary, ill-equipped, or dirty facilities can recall the impact of these on one's morale and subsequent performance. Obviously, the more attractive one's work space is, the more positive the impact on the individual's performance.

- *Accessibility.* A person should not feel that she or he has already done a half day's work just getting to the office. Accessibility is also important in terms of clients. Countless studies have noted that when university counseling centers or community agencies are situated in locations far from the main populations they are intended to serve, their clientele do not materialize.

- *Individuality.* Have you ever viewed the administrative offices of large-scale enterprises or business corporations, where dozens of employees have been provided identical cubicles and furnishing as so many similar mechanical parts in a precision machine? Such facilities provide little opportunity for the individual worker to assert any individuality. In

other words, all counselors should have enough flexibility in planning their personal office facilities to express their own individuality.

- *Supplementary space.* Program managers also are responsible for securing and managing supplementary facilities, such as conference rooms, resource or staff rooms, filing areas (security can be important here), storage and supply areas, reception areas, and support staff facilities.

Developing and Managing the Basic Activities

The program manager must also guide the organization through the basic activities of the counseling program. This does not mean the professional activities but rather the basic supporting activities that complement the professional services of the organization. These include the following:

- *Coordination.* In even the less-than-complex organizations, some degree of coordination is necessary to prevent overlapping, conflicting, or duplicating of activities. Coordination is necessary among activities and programs, both internally and externally.

- *Cooperation.* Cooperation is a vital ingredient in both coordination and public relations. Program managers must encourage and demonstrate a willingness to work with others in such vital counselor activities as case studies, conferences, referrals, and consultations. As suggested previously, counselors should be willing to give help when called upon by fellow professional colleagues or support personnel in other fields. Cooperation is one of the basic functions in establishing and maintaining positive professional connections.

- *Effective communications.* Communications often determine whether a program is managed efficiently. Counselors are usually well trained in the art of personal communication, but it is surprising how frequently the communication process breaks down within a program, as well as with higher-level management and external agencies and organizations. Guidelines for effective communication in management suggest that care must be taken that the personal touch is not lost as a result of using impersonal means to communicate, such as memos, policy statements, and directives. When such impersonal means are necessary, adequate personal follow-up must occur to ensure that these communications are understood. In addition, communication must provide for some sort of feedback. Oral communication to large groups such as staff or faculty meetings must justify the time it consumes for the number of people present.

- *Evaluation.* A program manager is responsible for ensuring the gathering of data that provide for systematic, ongoing evaluation of a program's activities. A program manager also coordinates periodic and accreditation types of planning. At the individual staff member level, a program manager is responsible for evaluating each member of the organization and communicating this evaluation to both the individual staff member and higher management.

- *Decision making.* Effective program management requires that someone be in charge. As the one in charge, a program manager must have decision-making authority commensurate with the responsibilities of the decision. Program managers can share the decision thinking, but they cannot be expected to share all the decision making.

Two equally important aspects comprise program management. One deals with being efficient in the coordination of the various components of the program to ensure goal achievement. The second is the humanistic responsibilities of management, which involve applying the basic skills of human relationships (in which counselors are obviously trained) to staff relationships and the development of an environment conducive to staff motivation and achievement. It includes helping individuals achieve their potential and enjoy doing so.

RESEARCH FOR PROGRAM IMPROVEMENT

In introducing this topic we recognize that research does not always project a popular image. Some of the reasons for this lack of popularity are the following:

- Most research seems to ignore the common problems and everyday needs of practitioners.
- Most research reports are written in a manner that limits their interpretation and hence their application by practitioners.
- Research activities and resulting research reports rarely excite the imagination.
- The research monies made available by federal and state agencies are cornered by universities and private research and development corporations.
- Research is too time-consuming and provides very few rewards for most practitioners.

Notwithstanding the usually exaggerated misconceptions about research, the helping profession of counseling and its membership have a responsibility to advance the knowledge and practice of the profession by, at the very least, the utilization of research findings and, one hopes, by becoming involved in such studies. Research becomes another valuable tool that counselors can use in this era of accountability to prove that what they do can make a positive difference in the lives of individuals and groups and the function of organizations. Let us now examine some of the positive outcomes you can anticipate from research.

Positive Outcomes of Research

For general practitioners in counseling and other helping professions, the most positive general outcome of practitioner research is the improvement of one's professional skills and understanding. Research can answer professional questions, solve dilemmas, and explain failures. Research enables practitioners to become better at their art. It can enable us to verify what works and what does not and, if pursued, why. It can eliminate much of the guesswork and uncertainty from practice. Engaging in practical research can increase our insights and deepen understandings of ourselves, the counseling profession, and the relationships between the two. Our own research can help us as individual professionals become better at what we do.

Also, practitioners' research tends to focus on local problems or concerns and may, therefore, have opportunities to provide results that are immediately applicable. The occasion to make a positive difference in one's job environment can be challenging. Furthermore, even if practitioners tend to focus on local concerns in their research activities, that still gives them opportunities to make contributions to their profession and to exchange their ideas and findings with other similar local settings and other interested

professionals. Presentations and discussions at local, state, and national conferences give the researcher further opportunities to share findings, explore with other professionals the implications of the results, and possibly expand the interpretation of the research findings.

Finally, research can be interesting. Any new experience, learning new knowledge, or finding an answer to an old problem can be stimulating. Research only becomes dull and meaningless to researchers when they investigate topics or problems that are to them dull and meaningless. Identify a professional question (problem or concern) that you would personally like answered and set out to find the answer. You may discover that it is a surprisingly exciting quest, and you may then agree that research can be one of the most rewarding of all professional activities.

Some Definitions

Basic Research

Basic research is concerned with or conducted solely for the purpose of developing theories or establishing general principles. In educational and other settings, basic research provides the theory that, in turn, produces implications for solving problems.

Applied Research

Applied research provides data to support a theory through applying or testing the theory and evaluating its usefulness in problem solving.

Action Research

Action research is designed to solve problems through the application of the scientific method. For example, a counselor may utilize a systematic and scientifically appropriate process to determine whether a new approach is effective in decreasing cigarette smoking among adolescents.

Historical Research

As the label implies, historical research involves studying, understanding, and explaining events that occurred in the past. The purpose of historical research is to investigate causes, effects, or trends of past occurrences that may, in turn, help to explain present events and predict future ones. By necessity, most historical studies rely on documentary resources and, in some instances, personal recall.

Descriptive Research

Descriptive research seeks to test hypotheses or answer questions concerning the present. There are two major classifications of descriptive research: qualitative and quantitative. In quantitative research the investigator will observe events, probably using some coding scheme, and then will draw inferences based on what has been observed. The goal of quantitative research is to describe cause-and-effect relationships. On the other hand, the qualitative researcher attempts to retain the viewpoint of the individual(s) being studied. This

may, for example, involve the study of video or audio recordings and an analysis of field or observational notes. The qualitative researcher, then, attempts to understand the ways that individuals give meaning to their behaviors and those of others and to describe those understandings.

Experimental Research

This sort of research experiments with different variables to predict what will occur in the future under a given set of conditions.

Experimental research provides stronger support for inferences about causal relationships among variables than does any other research approach. Four essential features of experiments follow:

- The mission includes the idea of cause.
- The researcher manages or manipulates one or more independent variables.
- Measures are taken of one or more dependent variables.
- The research plan controls extraneous factors that might contaminate the results to minimize unwanted influences of such factors and strengthen the inferences made about causal relationships between independent and dependent variables.

Experimental approaches frequently used in counseling research include analogue research, traditional group experiments, and time series experiments. Sometimes circumstances do not permit controlling extraneous factors to the degree that true experiments require. Quasi-experiments represent a compromise in such instances. (Hadley & Mitchell, 1995, p. 43)

Empirical Research

Empirical research is a systematic, data-based investigation of a topic. Empirical research involves the development of a research hypothesis, the selection of measurement criteria, and the obtaining, collecting, and summarizing of research samples.

Pilot Study

A pilot study is a preliminary trial of research methods and instruments before the development of the final research plan.

Hypotheses

Hypotheses are predictions regarding the probable outcome of a research study that, in turn, form a basis for goals and procedures to achieve these goals.

Sampling

Sampling is a research technique for selecting a specified number of people from a defined population as representative of that specific population. This population is selected as appropriate for providing the data to answer the research question identified for the study. The most appropriate of several sampling methods is selected by the researchers for applying the sampling process.

Among the more popular sampling techniques are (a) *random sampling*, which assumes the individuals randomly sampled have the equal probability of being selected and that the selection of any individual member of the pool does not affect the probability that any other member will be chosen, (b) *stratified sampling*, which is a technique in which the number selected from each stratum is proportionate to the representation contained in the entire population that is the subject of the study, (c) *sample of convenience*, which is frequently utilized to take advantage of a population that is conveniently available, (d) *time sampling*, which refers to sampling a population over specific periods of time—e.g., every Wednesday for a month, or the time a person goes to bed over a three-month period, and (e) *representative sample*, in which all components of a population are represented equally—e.g., percentage of males, females; percentage of Caucasians, Blacks, Native Americans; percentage of boys and girls in kindergarten classes. While questions of validity are often raised regarding the convenience sampling approach, researchers may confront situations in which true sampling procedures are not feasible. Other sampling techniques, such as systematic sampling, cluster sampling, and time sampling, may also be utilized in some research studies.

The Research Process

Some research undoubtedly requires complex, sophisticated research skills. However, much valuable information can be obtained through research that meets the requirements of scientific inquiry but does not require a high level of research skill. Thus, the following examination of research procedures is not intended to provide a basis for undertaking research but rather to provide a better understanding of the basic factors involved in conducting research. It allows—and should encourage—practitioners to consider and become involved in relatively unsophisticated research investigations.

The *first step* in undertaking research is to identify a researchable problem—a need for information. Of course, it is important that the topic be researchable and that it be within your resources and capabilities. Also, the topic should not be too broad and should not have too many variables that would need some form of control. Whatever stimulates your interest or curiosity or arouses doubts in you may be the basis for a research problem. Most of us experience a constant and continuing need for information in our daily jobs. We wonder about the adequacy or effectiveness of our techniques, the various characteristics of our clients, and the nature of client needs. If we decide to initiate research in the area of techniques, we might simply seek to determine the kinds of information needed for justifying present practices or developing more effective and functional ones.

A *second step* in most research is to review or survey previous research and writings relevant to the possible research topic. The purposes of this review are to (a) see whether adequate answers have already been found to the questions the researcher has in mind, (b) gain a better understanding of the nature of the problem, and (c) gain insights regarding approaches that might be used to efficiently attain the outcomes desired. Although in the past this particular step may have been one that discouraged many from considering research activities, the computer capacities of libraries with their various information retrieval systems enable even the neophyte researcher to have in hand, quickly, a computerized printout of relevant research and writings, usually summarized

for convenience. Of course, for those with personal computers, searches over the Internet bring nearly instantaneous results.

The *third step* is to identify specifically the nature of the information desired or to formulate the specific research problem. This is frequently referred to as *formulating the research question*. In this step, the problem should be stated fully and precisely in objective terminology in a complete grammatical sentence. It should be written so that others can understand it without the prompting of the researcher. The beginning researcher should also be aware that logical subcomponents, identified as subproblems, may be found within the main problem.

The *fourth step* in the research process is to determine the kinds of information needed to permit sound conclusions about the issue (or issues) in question. In this step, the previously stated problem and related subproblems are now viewed through questions or logical constructs, called *hypotheses*. Hypotheses are assumptions made regarding the problem or its solution that steer the researcher in some direction to gather facts that will provide the most valid answers. For example, a research investigation may be intended to determine why a school has an unusually high dropout rate. Several possibilities for this dropout rate could be hypothesized, such as (a) students are not interested in school, (b) students lack the ability to continue in school, or (c) students are under economic pressure to leave school and obtain a job. Each of these assumptions or hypotheses provides some direction or basis for identifying facts that would enable the investigator to determine objectively why the majority of students are leaving school.

Having identified the kinds of information needed, the researcher determines what procedures are most appropriate for collecting and analyzing the data. In this *fifth step*, the population or sample to be used and the means by which it is to be selected are determined, as are instruments and other data-collecting tools appropriate for the questions or hypotheses that have been stated. In this stage, the researcher seeks to determine the most appropriate sampling procedures and the most efficient, effective instruments or techniques for gathering the data needed in order to respond to the hypotheses as completely and as validly as possible. Sampling options available to the researcher are (a) samples of convenience, (b) time sampling, (c) random sampling, (d) representative sampling, and (e) stratified sampling.

Once the types of information and the procedures and instruments needed for collecting this information have been determined, the *sixth step* is the actual collection of the data. A data collection plan should be developed indicating the data needed, the probable source of the data, how it is to be collected (e.g., questionnaires, surveys, interviews, reading of reports), who is to collect the data, and the deadlines for collection. Researchers must take care to ensure that the procedures for implementing the study will acquire the appropriate data. It is also important that sufficient and appropriate subjects participate to constitute a valid sample.

In the *seventh step*, the collected data are systematically organized and analyzed. The method of data analysis should be determined before collecting data to ensure that the suggested treatment is appropriate to the data collected and the manner in which it is organized. Depending on the research design developed in step five of this sequence, the analysis may be no more than a simple mathematical or elementary statistical one.

Beginning practitioners can still engage profitably in research activities by simply recognizing the limitations in the design of their study. In the *eighth and final step*, the research findings are interpreted and conclusions drawn, which may lead to resolving or answering the problems. Here the previously stated hypotheses are either confirmed or rejected and answers are provided to the questions that initiated the research activity. Figure 11-6 depicts the research process.

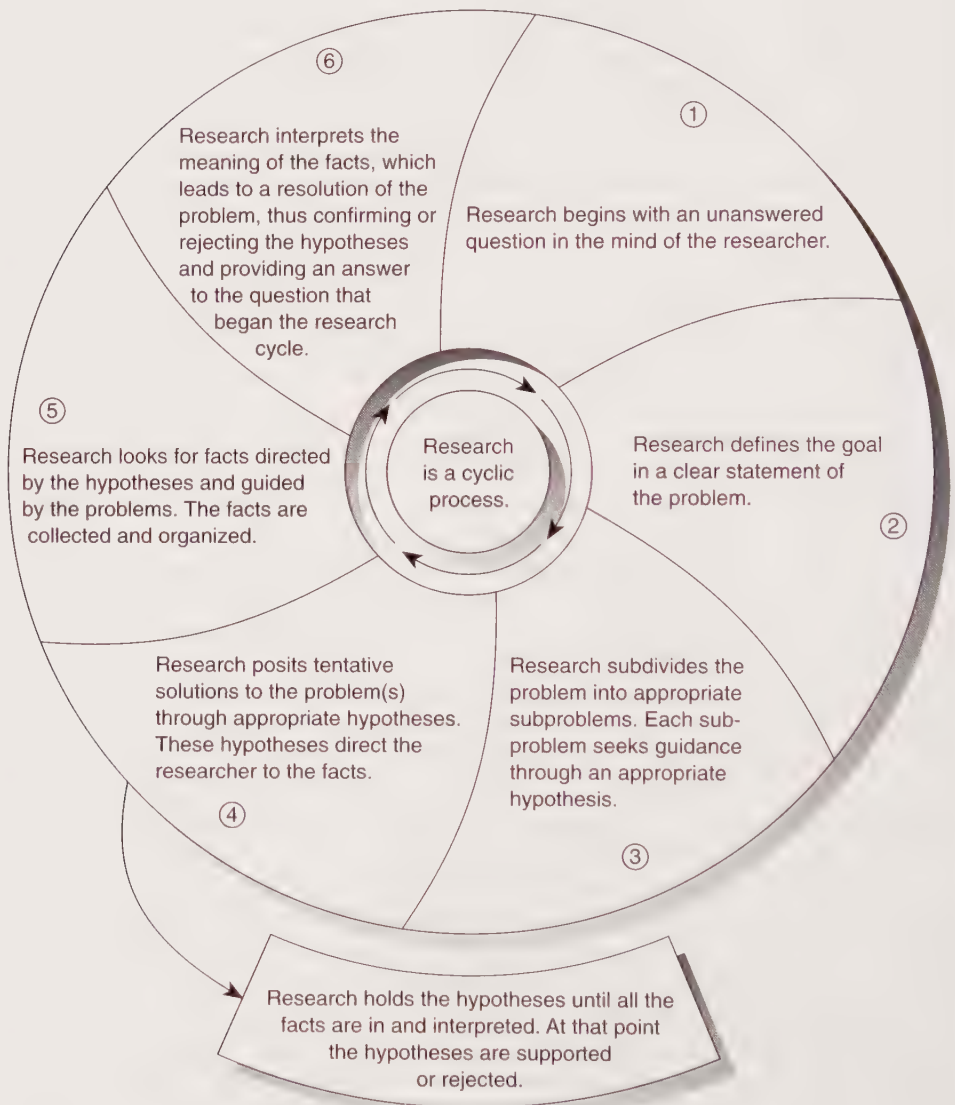


Figure 11-6 The research process.

Source: *Practical Research: Planning and Design*, 6th ed., by Paul D. Leedy, © 1997. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ.

Utilizing Research Reports

Findings from research studies can be important to counselors in all settings. Research findings can provide factual data to reinforce or guide professional judgment and to improve one's practice. Whether one is an active researcher or not, a counseling professional cannot afford to gloss over the important research in the field. We must, for example, be aware of both the reservoir of accumulated knowledge dealing with human behavior and the results of current research studies that broaden, deepen, or perhaps alter our understanding of this behavior. As research technology continues to improve, we can anticipate an increase in research studies, more sophistication in methodology and validity of outcomes, and more relevance and application of findings. Thus, all practicing counselors must not only recognize the importance of research but also be cognizant of guidelines for identifying research of potential significance. Your authors suggest the following guidelines:

- *Be aware of common sources of research reporting in your field.* Some common indices and abstracts such as *Review of Educational Research*, *Education Index*, *Social Science Index*, *Sociology Index*, *Index Medicus*, *Psychological Abstracts*, and *Dissertation Abstracts* are good starting points in which to broadly identify reports of recent research investigations. Publications representing the professional organizations in counseling and related fields are rich sources of recent research studies in the field.
- *Identify research studies that appear to be relevant to your own professional needs.* The abundance of reported research, past and present, is enough to overwhelm the most conscientious researcher. Any user of research findings must learn to be selective lest he or she drown in the ever-growing tidal waves of research reporting. Therefore, it is important that we identify as specifically as possible the kind of knowledge we are seeking and focus our search on this topic.
- *Review the studies you have selected in terms of the following:*
 1. *The design of the study:* This is important in determining the probable accuracy of the findings, their generalizability to your situation, and the conclusions or implications that can be drawn from them. (You may need the assistance of a competent researcher at this point, who is not too difficult to locate if you are close to a large school system, institution of higher education, large mental health agency, or state government office.)
 2. *Readability:* Some research reports are technical reports written primarily for other researchers. Both the vocabulary and the statistical methods through which the data are presented may confuse, mislead, or simply confound the reader. Unsophisticated attempts to figure out what the report is saying should not be undertaken. If you cannot understand the report you should select a different report to study or you may again seek the help of a competent researcher who can interpret the study for you.
 3. *Originality of the research:* A firsthand report of a study by the researcher(s) who was the principal investigator is more desirable than secondhand reporting, summaries, or citations by others. Whereas secondary sources can be useful, they are usually more brief than the original source and may inadvertently misrepresent the findings.

4. *Reputation of the author/researcher:* Established researchers/authors have achieved their preeminence through previous studies that have been endorsed by their peers as sound in design, addressing important needs, and significant in their findings.

Writing Research Grant Applications

Millions of dollars are made available annually from federal and state agencies and private foundations to agencies, institutions, and school systems. These monies, usually earmarked for specific purposes, are most frequently allocated or awarded on the basis of a competitive review of proposals or grant applications received. Because many of the funding opportunities are available in the areas of counseling interest and expertise, counselors must possess the necessary application skills to competitively pursue such funding as may be of interest to and appropriate for their organizations. The following general guidelines are suggested:

1. Read thoroughly the published announcements and other information that describes the guidelines to follow in preparing and submitting a grant application. This will, among other things, help you to determine your organization's eligibility.
2. Follow to the letter the guidelines for the preparation and submission of the grant proposal. The appropriate format is expected, and all dates and submission deadlines must be met.
3. Know, to the extent possible, the funding agency or foundation.

Personal contacts by visit or phone are, of course, very useful in clarifying, explaining, or elaborating on purposes, procedures, and guidelines. Some agencies will provide, on request, examples of exemplary projects and lists of previous recipients. Foundations will send you their annual reports and publications such as the *Commerce Business Daily*, *Federal Register*, *The Education Daily*, and *Federal Grants and Contracts Weekly*. Descriptions of private foundations and their research priorities are indicated in *The Taft Foundation Reporter* (published by the Taft Group in Washington, D.C.) and *The Foundation Directory* (published by the Foundation Center, New York). Many of these, plus additional resources, are now readily available via the Internet.

All specified sections of a proposal format are important, but the four that are briefly explained in the following discussion require special attention.

Statement of the Problem

This section of the proposal should contain a well-defined, specific statement of the problem; the need for such a study (its educational significance); and concisely stated, measurable objectives. Conceptual and research literature should be cited to stress the significance of, or the need for, the study, but the literature cited should be relevant specifically to the proposed study.

Procedures

This section of the proposal must present the design of the study and a fully detailed description of the procedures to be utilized. It should be apparent to a reader that the stipulated procedures will enable the achievement of the project's stated objectives. It should

describe the sample to be used and how the sample is to be selected, the instruments and other data-collecting tools or approaches to be utilized, the statistical treatments to be applied, and the evaluational procedures to be employed. If the objectives are definitively stated—as they should be—the evaluational procedures should evolve from them. Although this section must be concise, it must also be complete. A basic criterion for evaluating most proposals is the soundness of the methodology employed.

Personnel and Facilities

This, too, is a most important section, especially in proposals for federal funding. As the purpose of this section is to enable a determination of the research capabilities, care must be taken to identify the personnel involved and to show that, by training and experience, these individuals have the research competencies required for the implementation of the proposed study. Similarly, the facilities required for the research endeavor should be described and their availability ensured.

Budget

The cost estimates for the proposed project must be accurate, detailed, justifiable, and reasonable. It must be clearly evident how the anticipated expenditures relate to each of the specific procedural steps.

Reporting Research Results

Obviously, conducting research is not enough, unless you intend to keep the results selfishly to yourself! Reporting your study enables you to advance yourself professionally as well as the profession. This can either be an oral report—through presentations at professional conferences, workshops, and such—or a written report in professional journals, newsletters, or monographs. Oral reports have the advantage of enabling the audience to directly question and interact with the presenter. Written reports have the advantage of reaching a wider audience. Heppner, Kivlighan, and Wampold (1992) present some general principles for writing research reports:

“(1) be informative, (2) be forthright, (3) do not overstate or exaggerate, (4) be logical and organized, (5) have some style, (6) write and rewrite, and (7) if all else fails, just write!” (p. 376)

Heppner, Kivlighan, and Wampold (1992) also note that in writing for publication, the exact organization

of a research report varies depending on the publication for which it is intended and the nature of the study. Nevertheless, a perusal of counseling journals reveals a model organization, roughly as follows:

Title

Abstract

Introduction

Method

- Subjects
- Measures (or Variables or Instruments)

- Materials
- Design (or Design and Analysis)
- Procedures

Results

Discussion (or Conclusions)

References

Tables

Figures

The nature of each of these components depends on the publication and the readership. Nevertheless, there are some aspects of each of these components that are critical to a well-written research report. (p. 376)

We conclude this section by calling the attention of our readers to the American Psychological Association guidelines for manuscript preparation and submission.

Ethical Issues in Human Research

By its very nature, counseling research, with rare exceptions, must involve human beings. Growing concern for the rights of human subjects has resulted in increased efforts by professional organizations and research institutions and agencies, including the U.S. government, to safeguard the rights and dignity of individuals who are involved as subjects of research.

In this regard, attention must be given to protecting subjects' right to privacy, determining whether the research puts subjects at risk in any way, obtaining informed consent of subjects, and not involving subjects in research that challenges or threatens their morals or values.

PROGRAM LEADERSHIP

Perhaps no single characteristic beyond the professional qualifications of the counseling staff is more significant to the success of the counseling operation than the quality of program leadership. It is desirable that counselors at least recognize those characteristics that tend to identify leaders and distinguish them from program administrators or managers. Most persons recognize the individual who is a true leader. A real leader is one who leads, not directs; real leadership gives priority to the benefit of the program and those who are led, rather than to the leader. Some of the characteristics of program leadership include the following:

- *Is successful:* Program leaders have good track records. They justify the long-standing concept that success breeds success. Included in the program leader's win column is previous recognition as a successful and resourceful counselor. Also, the program leader is an extracompetent professional. Program leadership for counseling programs can be provided only by professional counselors. Program leaders will contribute their competence and expert knowledge to the successful functioning of the counseling program, including an awareness of professional, ethical, and legal guidelines for the profession.

- *Inspires confidence:* Program leaders inspire confidence in them and in individual staff members. They do this by being supportive and also realistic. They expect the possible but not the impossible. They give and share credit publicly so that others know of the successes of individual staff members.
- *Shares:* The program leader shares the ownership of the operation and develops a feeling of us rather than me and you. Active ownership does not mean that the staff runs the operation. It means that the staff shares in the running of it. Sharing the ownership of the operation creates a feeling of belonging, of being on the team. Real leadership sees that no one feels left out. There are no in-groups and out-groups.
- *Motivates:* All studies of leadership indicate that a common trait of leaders in nearly every setting is an ability to motivate others to achieve their potential and, at times, even to exceed it. Although each leader has a different and unique style, the evidence is present when one observes hardworking, achieving staff members.
- *Creates a positive atmosphere:* A leader understands what makes life at the office liveable, or makes people happy in their work, and creates a professional atmosphere conducive to accomplishment. This includes effective program organization, management, and administration.
- *Is visible:* One cannot lead in absentia. Successful program leaders at all levels are those who are frequently and clearly visible to and available for interaction with their supporting staff.
- *Is forward looking:* Leadership demands planning for the future. Program leaders are insightful and future oriented in their planning.
- *Is a decision maker:* Effective leadership not only accepts the decision-making responsibility and will make the hard decisions but also will make the appropriate decisions.

These characteristics can provide a checklist to identify potential counseling program leaders. Program leaders are not likely to be chosen when the top management position is viewed as a consolation prize, a stepping stone for someone tagged to proceed up the organization, a political position to shore up support for top management, or proof that the Peter Principle (Peter & Hull, 1969) really operates. (This principle suggests that one is eventually promoted to his or her level of incompetence.)

Obviously it is important that program leaders be capable of representing their units effectively with the higher-ups of the organization. This implies, of course, that they understand the culture of their organizations, the expectations for their units, and how these expectations should be met within the global context of the organizations. Here again, the program leader must be a skilled communicator and of course, as we expect all counselors to be, highly skilled in his or her interpersonal relationships.

SUMMARY

This chapter has introduced the reader to perhaps the most significant activities in determining the individual counselor's success and the success of the program of which he or she is a part.

These activities are (a) developing an accountable and efficient program, (b) managing this program in a way that optimizes both human and program resources, and (c) consistently improving programs through ongoing research activities. The chapter concluded with a brief but important discussion of the

significance of leadership in both individual and program achievement.

DISCUSSION QUESTIONS

1. Do you find such activities as writing letters, managing your finances, and handling personal management items—such as insurance, food planning, and study planning—challenging, boring, or something you put off?
2. What is meant by the term *accountability*? Why has it become so popular in education in recent years?
3. What differences do you see between the manager of a business (e.g., auto dealer, grocer, insurance agent) and the manager of a counseling program?
4. How can counselors become more accountable?
5. Identify some well-known leaders (past or present) whom you have admired. What is it that you've admired about them?
6. What kind of a program leader would you like to work for?
7. Have you ever had an idea that you would have liked to research? If so, what did you do about it?
8. Why has accountability become a major organizational concern in recent years?
9. What are some of the relationships between evaluation and research?
10. Comment on the suggestions given when budgeting is of concern in program management.
11. What objective evidence could you provide a potential employer as to your excellence in counseling?
12. Do you believe leadership can be taught?
13. What are the characteristics of good student leaders? Are they different from leadership in government, business, or military organizations?
14. Discuss valid activities for evaluating nonacademic accomplishments or responsibilities in an academic setting.
15. Discuss the characteristics of good student leaders in higher educational institutions.
16. Identify procedural steps in identifying possible activities in a community recreation program for both youth and adults.

CLASS ACTIVITIES

1. Examine the leadership characteristics offered as being significant to the success of counseling and compare those to your personal characteristics. How do you size up?
2. Identify three well-known historical leaders you've admired. What were the leadership characteristics of these individuals? Discuss your choices in small groups.
3. In small groups, identify a research study you would be interested in conducting and specify the objectives and procedures for this study.
4. Compare the leadership qualities desired in counselors to leadership qualities typically identified with other fields of endeavor (e.g., the military, business and industry, and politics). Discuss in small groups and compare answers.
5. Read a recent research report (periodical article) in the field of counseling and present this research to the class. Discuss its implications for practice.
6. In small groups identify a research topic and develop an outline to conduct a study of this topic including (a) the need, (b) related research, (c) objectives of the study, (d) procedures for achieving the objectives, and (e) anticipated outcomes. Report each group project to the class.
7. Interview and report on community leaders (interview teams of two). Announce selections in class to ensure no duplications.

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Ethical and Legal Guidelines

This final chapter focuses on the responsibilities that you incur as you enter the career world of the professional counselor. It emphasizes the importance of practicing within the ethical guidelines established by your professional associations and the guidelines established by law. In fact, the very labeling of counseling as a helping profession suggests that we have assumed the responsibilities of our profession in providing for our clientele and serving the public. These responsibilities include acceptable standards of performance or competence, an accepted code of personal conduct in relationships with clients and the public, and a commitment to contribute to the public well-being that transcends monetary gain.

A hallmark for all professional organizations is the development of a code of ethics and guidelines that legally hold professional members responsible for the appropriate performance of the membership. The profession takes the responsibility for regulating its membership through ethical and legal guidelines. Legal guidelines are enacted when desirable to protect the public. A profession's commitment to appropriate ethical and legal standards is critical to the profession's earning, maintaining, and deserving the public's trust. Without this trust, a profession ceases to be a profession. Ethical guidelines, then, are designed to cultivate and enhance the public's trust in the profession. Adhering to such guidelines is, therefore, the responsibility of all members of the profession. Such headlines as "Minister Runs Off with Choir Director's Wife," "College Professor Robs Liquor Store," and "Lawyer Blackmails Client" are examples of headlines describing an isolated action by a single member of a profession that tarnishes all members of the profession and the profession itself. We must also keep in mind that the clients we serve may be vulnerable, as they are entrusting to counselors their intimate thoughts and personal issues affecting their lives.

THE NATURE OF ETHICS

A code of ethics represents the values of a profession translated into standards of conduct for the membership. A code of ethics provides structure or guidelines for a profession's membership to follow in professional practice and also for the public to anticipate in interactions with the profession and its membership. It is important to differentiate *professional ethics* and *legally mandated ethics*. Cottone and Tarvydas (2007) point out

Whereas a breach of the code of ethics of a professional organization (such as the ACA or APA) can result in professional censure or even loss of membership, the breach of an ethical

standard required by regulatory law (legally mandated) may result in the loss of a license to practice or other legal penalty. The distinction, therefore, between professional and legally mandated ethical standards is a crucial one. (p. 5)

For counselors at least two basic statements of ethical practice and behavior apply to work in the profession (see Appendices C and D): (a) *ACA Code of Ethics* (2005), and (b) *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (2002). The members of these associations are expected to follow these codes of ethics and professional standards. Failure to abide by these standards may result in expulsion from the profession.

ETHICAL ISSUES

Competence

The ethical issue of competence begins when the counselor accepts a position as a professional counselor. The counselor must determine, along with the potential employer, whether she or he is qualified by virtue of training and, where appropriate, experience for the position. The counselor-applicant must indicate qualifications for licensure or certification when appropriate and also special interests and/or values that might influence on-the-job functioning. Obviously, from the outset, counselors should not apply for positions in which they are not interested or for which they are not qualified.

On the job, the counselor is responsible professionally to practice within his or her limitations. Although competence is often difficult to determine, training and experience can provide useful guidelines in indicating what we are qualified to do. Consultation with supervisors and/or more experienced professional colleagues can help identify the limits of one's professional competence.

Degrees, licenses, and certificates may convey levels of competence to the public; yet, in actuality, we must recognize variations in the competencies among practitioners with the same credentials. As always, it is the responsibility of the professional counselor to continuously update his or her competence through participation in various professional educational opportunities, reading the professional literature, and attending professional meetings.

When counselors determine that a client's needs may be beyond their competencies, they should promptly arrange for an appropriate referral. This responsibility includes helping the client identify a suitable professional.

Confidentiality and Privileged Communication

Trust is an essential cornerstone in the counseling relationship, and central to the development and maintenance of trust is the principle of confidentiality. The obligation of counselors to maintain confidentiality in their relationships with their clients is not absolute, however, and counselors need to be aware of both the ethical and legal guidelines that apply.

In distinguishing between confidentiality and privileged communication, it is important to remember that confidentiality is primarily an *ethical* concept whereas privileged communication is a *legal* concept. Confidentiality may be viewed as an ethical responsibility that

requires the professional counselor to protect and withhold from others the information shared with the assumption of privacy by a client during the counseling process. The only exception to this ethical mandate may occur when legal action takes precedence over the ethical standard.

Questions surrounding confidentiality can be very complex and often involve legal as well as ethical considerations. A useful starting place may be to clarify the distinctions among three terms—privacy, confidentiality, and privileged communication. These terms are sometimes used interchangeably by counselors, but the concepts have important differences. Both confidentiality and privileged communication arise from our societal belief that individuals have a right to privacy. *Privacy* is the broadest of the three concepts and refers to the right of persons to decide what information about themselves will be shared with or withheld from others. Confidentiality and privileged communication both apply more specifically to the professional relationship between counselors and clients. *Confidentiality* is primarily an ethical concept that refers to the counselor's obligation to respect the client's privacy, and to our promise to clients that the information they reveal during counseling will be protected from disclosure without their consent. *Privileged communication* is the narrowest of the three terms and is a legal concept. Privileged communication laws protect clients from having confidential communications with their counselors disclosed in a court of law without their permission (Shuman & Weinter, 1987). For a communication to be privileged, a statute must have been enacted that grants privilege to a category of professionals and those whom they serve. (Remley & Herlihy, 2001, p. 80)

Sometimes counselors may be working with life-endangering clients in situations involving child abuse, possible homicide, or suicide threats. State laws require that suspected cases of child abuse be reported. Legally, counselors are also required to breach confidentiality to protect the life of a third party. The ethical codes of both the American Counseling Association and the American Psychological Association (Appendices C and D) allow counselors to breach confidentiality if necessary to protect the life of a suicidal client. Additional discussion concerning the legal aspects of privileged communication are presented in the Legal Concerns of Counselors section of this chapter. Arthur and Swanson (1993) note exemptions cited by Bissell and Royce (1992) to the ethical principle of confidentiality:

1. The client is a danger to self or others. The law places physical safety above considerations of confidentiality or the right of privacy. Protection of the person takes precedence and includes the duty to warn.
2. The client requests the release of information. Privacy belongs to the client and may be waived. The counselor should release information as requested by the client.
3. A court orders release of information. The responsibility under the law for the counselor to maintain confidentiality is overridden when the court determines that the information is needed to serve the cause of justice.
4. The counselor is receiving systematic clinical supervision. The client gives up the right to confidentiality when it is known that session material will be used during supervision.
5. Clerical assistants process information and papers relating to the client. The client should be informed that office personnel will have access to the records for routine matters such as billing and record keeping.

6. Legal and clinical consultation are needed. Again, the client should be informed of the (ethical) right of the counselor to obtain other professional opinions about progress and the name(s) of those used as a consultant(s).
7. Clients raise the issue of their mental health in a legal proceeding. In a custody suit, for example, parents introduce their mental condition into the suit, whereupon they authorize release of the counselor's records.
8. A third party is present in the room. Clients are (presumably) aware a person other than the counselor is present and therefore waive their right of privacy in permitting the third person to be present.
9. Clients are below the age of 18. Parents or guardians have the legal right to communication between the minor and the counselor.
10. Intraagency or institutional sharing of information is part of the treatment process. Otherwise confidential material may be shared among professional staff when it is in the interest of the client to do so. However, the client must be aware that this is being done.
11. Sharing of information is required within a penal system. Information obtained from prisoners that may otherwise be considered confidential may be shared within the system in the interest of the operation of the system and disposition of the case.
12. The client's purpose in disclosing information was to seek advice in the furtherance of a crime or fraud. The obligation here changes from one of maintaining confidentiality to one of protecting society from further criminal activity.
13. The counselor has reason to suspect child abuse. All states now legally require the reporting of suspected abuse. (Arthur & Swanson, 1993, pp. 20–21)

Remley and Herlihy (2001) compiled exceptions to confidentiality and privileged communications, as seen in Figure 12-1. Cottone and Tarvydas (2007) also discuss exceptions to confidentiality.

The ethical obligation of counselors to assure clients of confidentiality and the clients' related legal right of privilege are basic to counseling. Many circumstances vary for counseling in different specialized areas of practice, and issues of confidentiality and privilege express themselves somewhat differently across these situations. Special circumstances related to confidentiality and privilege include counseling with persons who have HIV or AIDS, families or couples, minors or school settings, people with disabilities, groups, and clients in drug or alcohol treatment facilities. The rapid increase and extensive use of electronic and other technological devices in counseling settings have also created challenging problems for maintaining client confidentiality. (p. 59)

Personal Relationships with Clients

In examining the personal relationships between counselors and their clients, professional organizations have sought to define the ethical limits of the professional relationship. A major concern of the mental health professions, in this regard, has been the sexual exploitation of clients by their therapists. Although the codes of ethics of all major professional organizations unequivocally condemn such activities, counselors should be aware that one of the most frequently identified violations of professional ethics involves

Sharing information with subordinates or fellow professionals is permissible under the following circumstances:

- Clerical or other assistants handle confidential information.
- A counselor consults with colleagues or experts.
- The counselor is working under supervision.
- Other professionals are involved in coordinating client care.

Protecting someone who is in danger may require disclosure of confidential information when the following conditions exist:

- The counselor suspects abuse or neglect of children or other persons presumed to have limited ability to care for themselves.
- A client poses a danger to others.
- A client poses a danger to self (is suicidal).
- A client has a fatal, communicable disease and the client's behavior is putting others at risk.

Confidentiality is compromised when counseling multiple clients, including the following:

- Group counseling
- Counseling couples or families

There are unique confidentiality and privileged communication considerations when working with minor clients:

- Counseling minor clients

Certain exceptions are mandated by law, including the following:

- Disclosure is court ordered.
- Clients file complaints against their counselors.
- Clients claim emotional damage in a lawsuit.
- Civil commitment proceedings are initiated.

Figure 12-1 Exceptions to confidentiality and privileged communication.

Source: Ethical, Legal, and Professional Issues in Counseling by Remley/Herlihy, © 2001. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ.

sexual relationships with clients. Counselors who engage in sexual relations with clients are at risk for lawsuits, loss of license, and possible criminal charges. In many states sexual conduct with a client is prohibited, regardless of the client's consent. When minor clients are involved, helping professionals, including counselors, can be prosecuted for statutory rape.

In addition, relationships with clients that may impair the counselor's professional judgments or the client's responses must be avoided. This means avoiding counseling relationships with relatives, close friends, and employers, among others. Counselors must, at all times, avoid exploiting clients for financial gain, social status, research data, or other motives. The counselor also must continuously be aware of the human rights of clients. Even the severely mentally ill have legal and ethical rights that the counselor must be guided by in practice, including the client's right to participate in decision making regarding treatment, the use of psychological tests, and any participation in research studies.

THE COUNSELOR AND THE LAW

Few aspects of the counselor's role and function in any setting remain untouched by judicial and legislative activities. For example, an early guideline was presented by the Community Mental Health Centers Act of 1980, which defined the community to be served in terms of geographic and topographic characteristics.

Many other services that counselors and their fellow helping professionals must provide in community agency settings are also specified by law. These include drug abuse treatment as well as treatment for the chronically mentally ill and severely disturbed children and adolescents. Further, most states have enacted legislation that provides a legal basis for those who may practice or designate themselves as counselors and social workers.

Increasingly, managers of counseling programs and counselors themselves have become aware of the legal implications of their activities, the legal restrictions, and even legal conflicts with their professional conscience. This increased legal intervention is an outgrowth of a dramatic increase in litigation and attending legislation during the past 25 years.

In functioning as a counseling professional, it is important to avoid situations that may lead to either criminal or civil liability. This implies the exercising of due care in performing one's duties as required by law. Civil liability can lead to the awarding of money damages to the injured party and may occur when one fails to act in those situations where he or she has a clear duty to do so or when one has acted wrongly toward another.

Certainly few counselors ever anticipate that they might become defendants in a criminal action simply by practicing their profession. Fortunately, very few ever do. But counselors should be aware of certain occupational hazards that could lead to criminal liability. The ideal for professional counselors is to maintain a certain distance between themselves and their clients so they may advise the clients in a professional way. Occasionally, however, situations arise that might lead counselors to go much further than the law literally allows in protecting their clients or in providing emotional support and comfort. In such cases, the counselor may unwittingly risk criminal liability. Examples might occur in the following circumstances: (a) being aware, but not reporting, an anticipated criminal act, (b) contributing to the delinquency of a minor, (c) engaging in sexual misconduct, especially with minors, and (d) failure to report suspected child abuse.

Contributing to the delinquency of a minor is of special concern to school counselors and those whose practices include children and families. However, counselors in all settings where the potential exists for juvenile clients should be aware of actions that could lead to prosecution for contributing to the delinquency of a minor. All states have enacted legislation designed to protect children from acts or relationships deemed injurious.

Counselors in all settings cannot afford to be legally ignorant. They must understand the law and its implications in arenas of counselor concern and function. These include acts or practices that might be viewed as discriminatory against, compromising the constitutional and other legal rights of, and prejudicing the opportunities of individuals. In this regard, note some of the legal implications for counselors of Title IX, the Buckley Amendment, and the Education for All Handicapped Children Act.

The Counselor and Title IX

Title IX of the Education Amendments of 1972, which took effect in July, 1975, provides that no person . . . shall on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program receiving federal financial assistance.

Some implications of this act for practicing counselors are as follows.

First, adequate counseling services must not only provide for the needs, interests, and abilities of clients but also must consider the changing nature of society and how such changes affect counselors working with clients. Counselors must help clients in self-understanding and sorting through varying options and what their decisions may imply.

Second, counselors must be aware that sex discrimination is often subtly perpetuated in the language and impressions of the media (e.g., textbooks, newspapers, magazines, television). Although not justifiable, it is not surprising that such biases appear in career and other counseling materials.

The Counselor and the Buckley Amendment

Few legislative actions have had a greater impact upon the practice of counseling and attendant record keeping than the Buckley Amendment. Before the passage in 1974 of the Family Educational Rights and Privacy Act (FERPA) as it is titled (or the Buckley Amendment as it is commonly called), counselors derived most of their directions for their professional functioning from the ethical guidelines provided by their professional associations. In this regard, the *Code of Ethics* (2005) of the American Counseling Association has an entire section devoted to confidentiality (Section B) and a subsection regarding records (Section B6). (See Appendix C.)

Although ethical standards are not, in themselves, legally binding, numerous instances, beginning with the case of *Cherry v. the Board of Regents of the State of New York* in 1942, have suggested courts might use professional ethical codes as guidelines for making judicial decisions. In the case of record keeping and confidentiality, however, the passage of the Buckley Amendment became the single most important guideline for professional conduct with regard to student records and related activities.

The Buckley Amendment

basically says that parents of minor students (and students who are 18 or older or who are in college) have two rights: (a) to inspect and review their education records and to challenge the contents to ensure the records are not inaccurate or misleading, and (b) to have their written authorization obtained before copies of their education records can be transferred to any third party. (Remley & Herlihy, 2001, p. 120)

Because school counselors as well as counselors in other educational settings are frequently called on to write letters of recommendation for college admissions or employment, it should be noted that the Buckley Amendment implications are clear that unless the educator is specifically informed otherwise, he or she should assume that the student may have access to letters of recommendation. The student can be requested to sign a waiver so that he or she will not have such access. However, unless such a waiver is signed, the student can be

defended, both factually and professionally. In general, educators are on relatively safe ground when writing letters of recommendation if the following conditions are met:

1. Letters of recommendation are an expected, normal, and integral part of one's duties and responsibilities.
2. Letters are sent only to second parties (not published), who can be expected to have a reasonable interest in and concern for the person in question.
3. Letters are factual, free of malice, and reasonably objective.
4. Letters are in response to a request. (St. John & Walden, 1976, p. 683)

It should be obvious at this point that, regardless of the setting, counselors should confer with the legal counsel retained by their employing organization for guidance regarding confidential communication. Program managers may want, again, with the assistance of their legal counsel, to develop detailed guidelines to assist counselors and other staff members in protecting the confidentiality of communications, consistent with state and federal statutes.

School Counselors and Public Law 94-142

Another act of importance to school counselors is the Education for All Handicapped Children Act (PL 94-142) of November 1975. This law guarantees the rights of all children, regardless of the severity of the disability, to a free, appropriate education. The law further establishes a formula for providing financial aid to states and local school districts, based on the number of children with disabilities receiving special education plus related services. It is this latter activity—related services—that provides for counseling by a certified counselor. In noting the implications of this act for counselors, we suggest that counselors in schools in almost any situation have a role to play in the implementation of the act, even though this implementation will undoubtedly vary from school district to school district. It would appear obvious that parent counseling, related to P.L. 94-142, should occur in a school setting, as would such activities as classroom consulting, extracurricular planning, development of the student's individual education plan, and monitoring student progress.

An important provision of P.L. 94-142 was mandating equity for children categorized as exceptional: those identified with physical, emotional, or intellectual characteristics that placed them outside the normal range and caused them to be categorized as having a disability. An important concept resulting from this act was the process known as mainstreaming, which provides for the education of the handicapped in the same environment as able students. Mainstreaming is implemented through annual individual educational plans (IEPs) that are developed for each individual child. These IEPs include information about the individual child's current level of functioning; annual goals; measurable, short-term objectives; and an inventory of specific educational services required for each individual child. Parents and a team of teachers, administrators, and pupil service professionals, including counselors, prepare the IEPs. The act was amended in 1986 to include the development of individual family service plans (IFSPs).

The Counselor and the Americans with Disabilities Act

Although noted previously in Chapter 8, it is appropriate to further discuss the Americans with Disabilities Act, which became law in 1990. This act prohibits discrimination on the basis of disabilities. Its provisions cover discrimination under titles dealing with

(a) employment, (b) accessibility, (c) accommodations in public facilities, (d) telecommunications, and (e) miscellaneous provisions. This act has implications for counselors assisting clients with disabilities, including the following:

- Counselors at all levels and in all settings must become familiar with the provisions of the act.
- In many settings, counselors should work with local businesses and industries to facilitate the employment of disabled individuals.
- Counselors should help disabled clients understand their rights as specified by the act.
- In counseling the disabled, the focus is on what the client can do, on the client's potential, not on one's limitations. In this regard, counselors must examine and ensure that their own attitudes are not discriminatory.
- The counselor's office and organization must be physically accessible to disabled clients.

Obviously, as with all clients, counselors must be sensitive to the disability of the client and, where appropriate, must communicate this sensitivity to the client, being aware that in extreme cases of insensitivity or unintended insult, counselors could make themselves an object of civil action. It is also important for the counselor counseling the disabled to be cognizant of the constant interaction between such clients and the environment.

LEGAL CONCERNS OF COUNSELORS

Confidentiality

Previously in this chapter, we defined and discussed the issues of confidentiality and privileged communication for counselors. These continue to be issues confronting the counseling profession. Glosoff, Herlihy, and others have, from time to time, surveyed the existence of privileged communication statutes and rules of evidence in the 50 U.S. states and the District of Columbia. In the fall of 2000 Glosoff, Herlihy, and Spence reported the results of their study seeking to determine the status of privileged communication for counselors throughout the nation. Included in their analysis were all jurisdictions that have legislated credentials for professional counselors. The results of their study found that statutes or rules of evidence granting privileged communication to the counselor–client relationship existed in 44 states and the District of Columbia. Swenson (1993) noted the trend toward expanding privilege to include a wider variety of professional relationships, while weakening the privilege by creating exceptions.

Glosoff, Herlihy and Spence's finding (2000) that

some type of privilege exists in 98% of the jurisdictions that license counselors lends support to counselors' contention that they are bona fide mental health providers, along with psychologists and other mental health professionals who have established that their relationships with clients are "special" and therefore deserving of privilege. (p. 460)

Determining the status of privileged communications between counselors and clients is a complex task. We strongly urge counselors to seek the assistance of an attorney regarding legal obligations.

Fischer and Sorenson (1996) cite Wigmore, the leading authority on the Anglo-American law of evidence, as indicating four requirements:

1. The communications must originate in confidence that they will not be disclosed.
2. The confidentiality must be essential to full and satisfactory maintenance of the relationship between the parties.
3. The relationship must be one which, in the opinion of the community, should be sedulously fostered.
4. The injury to that relation, caused by disclosure, would be greater than the benefit gained to the process of litigation.

These criteria are generally accepted by modern scholars of the law of evidence as the appropriate test for what qualifies as privileged communication.

Judges have been very reluctant to grant or acknowledge such a privilege and more reluctant still to extend it to new relationships. Even with long-recognized exemptions, such as the lawyer-client relationship, courts have demanded that certain conditions be met. (pp. 19–20)

Competence and Malpractice

As previously noted, counselors are expected to function within the limits of their professional expertise. This is not only ethically expected but also legally desirable. The dramatic increase in malpractice suits across all the helping professions indicates that our competence may be under legal scrutiny at any time. The governing legal principle in such cases is pointed out by Fischer and Sorenson (1996) as follows:

One who undertakes, gratuitously or for consideration, to render services to another which he should recognize as necessary for the protection of the other person or things, is subject to liability to the other for physical harm resulting from his failure to exercise reasonable care to perform his undertaking, if:

- a. His failure to exercise such care increases the risk of harm, or
- b. The harm is suffered because of the other's reliance upon the undertaking. (p. 42)

They also note that the most common situations in which legal problems are most likely to occur are these:

- Administering drugs
- Giving birth control advice
- Giving abortion-related advice
- Making statements that might be defamatory
- Assisting in searches of students' lockers
- Violating confidentiality and the privacy of records (p. 51)

Welch (2005) suggests most common types of malpractice for mental health professionals are illustrated in Figure 12-2.

Counselors as Expert Witnesses

Counselors are increasingly making court appearances as expert witnesses. Depending on the counselor's work setting, she or he may be called on to testify in cases of child abuse and neglect, sexual abuse, child custody, divorce, and addictions, to name but a few. Being an expert witness and deporting oneself well as a professional cannot be dealt with casually.

Administrative Risks	Treatment Risks
1. Improper record-keeping policies and procedures	1. Patient suicide
2. Impact of HIPPA	2. Family treatment and forensic situations
3. Disclosure and informed consent	3. Clients with borderline personality disorder
4. Responding to subpoenas	4. Handling state licensing boards and ethics committees
5. Staying in touch with ethical principles	5. Managed care and treatment limitations
6. Purchasing adequate licensing board insurance	6. Personal events in the life of the professional

Figure 12-2 Most common types of malpractice for mental health professionals.

Note: Adapted from "After Five Years, Fresh Insight" by Bryant Welch, 2005. *Insight: Safeguarding Psychologists Against Liability Risks*, Edition 3, 2005 p. 1.

We, therefore, recommend that practicing counselors review the American Counseling Association Legal Series monograph *The Counselor as an Expert Witness* by William Weikel and Paula Hughes (1993), edited by Theodore P. Remley, Jr. In addition, if your counseling organization retains a lawyer for legal advice, it is also advisable to consult with that individual. It may also be helpful to observe other experts offering their testimony and to read, where permitted, transcripts of trials where expert witnesses have testified.

Third-Party Payments

A legal issue for many counselors, especially those in private practice or employed by agencies dependent on client payments, is the issue of third-party payments. This is the practice of reimbursement from a third party, usually an insurance company, for services that a counselor (the second party) renders to a client (the first party). Remley and Herlihy (2001) indicate that

HMOs, PPOs, and health insurance companies can voluntarily acknowledge counselors as qualified mental health care providers, and most do. However, these health care organizations have a legal right to refuse to give their clients access to counselors unless there is legislation to the contrary. This type of legislation, called "freedom of choice legislation," requires health care providers to give access to licensed counselors for mental health care if they give access to other mental health care providers such as psychologists or social workers. Many states have passed freedom of choice legislation. In states that have not, counselors are active in trying to get freedom of choice legislation passed. (p. 43)

SUMMARY

This chapter has reminded readers of ethical guidelines and expectancies for the profession of counseling. Special attention has been paid to the issues of competence, confidentiality, and personal relationships with clients. This chapter has also noted the importance to coun-

sors of being informed about the legal implications and restrictions on their professional activities.

Whether our profession of counseling advances and achieves noble goals will depend very little on textbook writers, past and present, but on you, our readers, who will represent our profession in the future. You are our future. We wish you well!

DISCUSSION QUESTIONS

1. Identify and discuss the lack of or questionable ethics in activities such as sales, advertising, politics, and government.
2. What are the differences and similarities between ethics and values?
3. Why are codes of ethics important to the counseling profession?
4. Are warranties or guarantees for products indications that manufacturers want to treat customers ethically?
5. What, if any, legal concerns would you have as a practicing counselor?
6. Are you aware of any recent court decisions or pending legislation that could have implications for counselors in schools? In nonschool settings?
7. How do you intend to keep abreast of legal enactments or court decisions affecting the counseling profession?
8. Are there any legal concerns to which you, as a practicing counselor, would pay special attention?
9. Which ethical guidelines for the counseling profession do you feel are most frequently (though not necessarily intentionally) violated?

CLASS ACTIVITIES

1. Examine current newspapers and magazines for examples of ethical and legal violations that betray a public trust. Share your findings in class or small groups.
2. In small groups, share and discuss situations in which you feel you were treated unethically.
3. Ask a local lawyer to address the class on the topic of professional malpractice.
4. Arrange to attend a trial or court session where an expert witness is scheduled to testify.

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Appendix A

Position Statement: Child Abuse/Neglect Prevention (ASCA)

The Professional School Counselor and Child Abuse and Neglect Prevention
(Adopted 1981; revised 1985, 1993, 1999, 2003)

AMERICAN SCHOOL COUNSELOR ASSOCIATION (ASCA) POSITION

It is the professional school counselor's legal, ethical and moral responsibility to report suspected cases of child abuse/neglect to the proper authorities. Recognizing that the abuse of children is not limited to the home and that corporal punishment by school authorities might well be considered child abuse, ASCA supports any legislation that specifically bans the use of corporal punishment as a disciplinary tool within the schools.

THE RATIONALE

The incidence of reported child abuse and child neglect has increased significantly during the past several years. Although there are societal beliefs and values that parents have the right to discipline their children as they choose, it becomes a public issue of child protection when that discipline becomes abusive. Research shows that a large percentage of abusive parents were abused children, perpetuating the cycle of abuse. The consequences of abuse and neglect may range from immediate physical and/or emotional harm, the inability to build healthy relationships, increased likelihood of being abused by another perpetrator or becoming an abuser and lowered self-worth.

THE PROFESSIONAL SCHOOL COUNSELOR'S ROLE

Generally, state laws require people in the helping professions who have reasonable cause to believe a child is suffering physical or emotional injury to report this situation as directed by state law to the appropriate authorities. Professional school counselors are mandated reporters and need policies, referral procedures and essential knowledge. It is a legal, moral and ethical responsibility to report child abuse. Some states additionally require the reporting of domestic violence.

ASCA recognizes it is the absolute responsibility of professional school counselors to report suspected cases of child abuse/neglect to the proper authorities. Responsible action by the professional counselor can be achieved through the recognition and understanding of the problem, knowing the reporting procedures and participating in available child abuse information programs. Professional school counselors are instrumental in early detection of abuse. The association also recognizes that the abuse of children is not limited to the home and that corporal punishment by school authorities can be considered child abuse.

Professional school counselors commit themselves to providing strategies to help break the cycle of child abuse. Professional school counselors can help children and adults cope with abusive behavior, facilitate behavioral changes and develop positive interpersonal relationships, which may

reinforce appropriate parenting skills. Professional school counselors coordinate team efforts on behalf of the child, provide support to staff and other school personnel, work to re-establish trust and provide follow-up counseling or to refer to ongoing counseling services outside of the school community, provide developmental workshops and/or support groups enhancing parenting skills, and coordinate or provide programs and in-services designed to help prevent child abuse.

SUMMARY

Professional school counselors are a key link in the child abuse prevention network. It is their responsibility to report suspected cases of child abuse or neglect to the proper

authorities. The professional school counselor must be able to guide and help abused and neglected students by providing appropriate services during crisis situations. By providing up-to-date information and intervention, the professional school counselor can sometimes facilitate a turning point in the life and behavior of an abusive family.

Appendix B

Responsibilities of Users of Standardized Tests (RUST) (3rd Edition): Prepared by the Association for Assessment in Counseling (AAC)

Many recent events have influenced the use of tests and assessment in the counseling community. Such events include the use of tests in the educational accountability and reform movement, the publication of the *Standards for Educational and Psychological Testing* (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME], 1999), the revision of the *Code of Fair Testing Practices in Education* (Joint Committee on Testing Practices [JCTP], 2002), the proliferation of technology-delivered assessment, and the historic passage of the *No Child Left Behind Act* (HR1, 2002) calling for expanded testing in reading/language arts, mathematics, and science that are aligned to state standards.

The purpose of this document is to promote the accurate, fair, and responsible use of standardized tests by the counseling and education communities. RUST is intended to address the needs of the members of the American Counseling Association (ACA) and its Divisions, Branches, and Regions, including counselors, teachers, administrators, and other human service workers. The general public, test developers, and policy makers will find this statement useful as they work with tests and testing issues. The principles in RUST apply to the use of testing instruments regardless of delivery methods (e.g., paper/pencil or computer administered) or setting (e.g., group or individual).

The intent of RUST is to help counselors and other educators implement responsible testing practices. The RUST

does not intend to reach beyond or reinterpret the principles outlined in the *Standards for Educational and Psychological Testing* (AERA et al., 1999), nor was it developed to formulate a basis for legal action. The intent is to provide a concise statement useful in the ethical practice of testing. In addition, RUST is intended to enhance the guidelines found in ACA's *Code of Ethics and Standards of Practice* (ACA, 1997) and the *Code of Fair Testing Practices in Education* (JCTP, 2002).

Organization of Document: This document includes test user responsibilities in the following areas:

- Qualifications of Test Users
- Technical Knowledge
- Test Selection
- Test Administration
- Test Scoring
- Interpreting Test Results
- Communicating Test Results

QUALIFICATIONS OF TEST USERS

Qualified test users demonstrate appropriate education, training, and experience in using tests for the purposes under consideration. They adhere to the highest degree of ethical codes, laws, and standards governing professional practice. Lack of essential

qualifications or ethical and legal compliance can lead to errors and subsequent harm to clients. Each professional is responsible for making judgments in each testing situation and cannot leave that responsibility either to clients or others in authority. The individual test user must obtain appropriate education and training, or arrange for professional supervision and assistance when engaged in testing in order to provide valuable, ethical, and effective assessment services to the public. Qualifications of test users depend on at least four factors:

- *Purposes of Testing:* A clear purpose for testing should be established. Because the purposes of testing direct how the results are used, qualifications beyond general testing competencies may be needed to interpret and apply data.
- *Characteristics of Tests:* Understanding of the strengths and limitations of each instrument used is a requirement.
- *Settings and Conditions of Test Use:* Assessment of the quality and relevance of test user knowledge and skill to the situation is needed before deciding to test or participate in a testing program.
- *Roles of Test Selectors, Administrators, Scorers, and Interpreters:* The education, training, and experience of test users determine which tests they are qualified to administer and interpret.

Each test user must evaluate his or her qualifications and competence for selecting, administering, scoring, interpreting, reporting, or communicating test results. Test users must develop the skills and knowledge for each test he or she intends to use.

TECHNICAL KNOWLEDGE

Responsible use of tests requires technical knowledge obtained through training, education, and continuing professional development. Test users should be conversant and competent in aspects of testing including:

- *Validity of Test Results:* Validity is the accumulation of evidence to support a specific interpretation of the test results. Since validity is a characteristic of test results, a test may have validities of varying degree, for different purposes. The concept of instructional validity relates to how well the test is aligned to state standards and classroom instructional objectives.
- *Reliability:* Reliability refers to the consistency of test scores. Various methods are used to calculate and estimate reliability depending on the purpose for which the test is used.
- *Errors of Measurement:* Various ways may be used to calculate the error associated with a test score.

Knowing this and knowing the estimate of the size of the error allows the test user to provide a more accurate interpretation of the scores and to support better-informed decisions.

- *Scores and Norms:* Basic differences between the purposes of norm-referenced and criterion-referenced scores impact score interpretations.

TEST SELECTION

Responsible use of tests requires that the specific purpose for testing be identified. In addition, the test that is selected should align with that purpose, while considering the characteristics of the test and the test taker. Tests should not be administered without a specific purpose or need for information. Typical purposes for testing include:

- *Description:* Obtaining objective information on the status of certain characteristics such as achievement, ability, personality types, etc. is often an important use of testing.
- *Accountability:* When judging the progress of an individual or the effectiveness of an educational institution, strong alignment between what is taught and what is tested needs to be present.
- *Prediction:* Technical information should be reviewed to determine how accurately the test will predict areas such as appropriate course placement; selection for special programs, interventions, and institutions; and other outcomes of interest.
- *Program Evaluation:* The role that testing plays in program evaluation and how the test information may be used to supplement other information gathered about the program is an important consideration in test use.

Proper test use involves determining if the characteristics of the test are appropriate for the intended audience and are of sufficient technical quality for the purpose at hand. Some areas to consider include:

- *The Test Taker:* Technical information should be reviewed to determine if the test characteristics are appropriate for the test taker (e.g., age, grade level, language, cultural background).
- *Accuracy of Scoring Procedures:* Only tests that use accurate scoring procedures should be used.
- *Norming and Standardization Procedures:* Norming and standardization procedures should be reviewed to determine if the norm group is appropriate for the intended test takers. Specified test administration procedures must be followed.
- *Modifications:* For individuals with disabilities, alternative measures may need to be found and used.

and/or accommodations in test taking procedures may need to be employed. Interpretations need to be made in light of the modifications in the test or testing procedures.

- **Fairness:** Care should be taken to select tests that are fair to all test takers. When test results are influenced by characteristics or situations unrelated to what is being measured. (e.g., gender, age, ethnic background, existence of cheating, unequal availability of test preparation programs) the use of the resulting information is invalid and potentially harmful. In achievement testing, fairness also relates to whether or not the student has had an opportunity to learn what is tested.

TEST ADMINISTRATION

Test administration includes carefully following standard procedures so that the test is used in the manner specified by the test developers. The test administrator should ensure that test takers work within conditions that maximize opportunity for optimum performance. As appropriate, test takers, parents, and organizations should be involved in the various aspects of the testing process including.

Before administration it is important that relevant persons

- are informed about the standard testing procedures, including information about the purposes of the test, the kinds of tasks involved, the method of administration, and the scoring and reporting;
- have sufficient practice experiences prior to the test to include practice, as needed, on how to operate equipment for computer-administered tests and practice in responding to tasks;
- have been sufficiently trained in their responsibilities and the administration procedures for the test;
- have a chance to review test materials and administration sites and procedures prior to the time for testing to ensure standardized conditions and appropriate responses to any irregularities that occur;
- arrange for appropriate modifications of testing materials and procedures in order to accommodate test takers with special needs; and
- have a clear understanding of their rights and responsibilities.

During administration it is important that

- the testing environment (e.g., seating, work surfaces, lighting, room temperature, freedom from distractions)

and psychological climate are conducive to the best possible performance of the examinees;

- sufficiently trained personnel establish and maintain uniform conditions and observe the conduct of test takers when large groups of individuals are tested;
- test administrators follow the instructions in the test manual; demonstrate verbal clarity; use verbatim directions; adhere to verbatim directions; follow exact sequence and timing; and use materials that are identical to those specified by the test publisher;
- a systematic and objective procedure is in place for observing and recording environmental, health, emotional factors, or other elements that may invalidate test performance and results; deviations from prescribed test administration procedures, including information on test accommodations for individuals with special needs, are recorded; and
- the security of test materials and computer-administered testing software is protected, ensuring that only individuals with a legitimate need for access to the materials/software are able to obtain such access and that steps to eliminate the possibility of breaches in test security and copyright protection are respected.

After administration it is important to

- collect and inventory all secure test materials and immediately report any breaches in test security; and
- include notes on any problems, irregularities, and accommodations in the test records.

These precepts represent the basic process for all standardized tests and assessments. Some situations may add steps or modify some of these to provide the best testing milieu possible.

TEST SCORING

Accurate measurement necessitates adequate procedures for scoring the responses of test takers. Scoring procedures should be audited as necessary to ensure consistency and accuracy of application.

- Carefully implement and/or monitor standard scoring procedures.
- When test scoring involves human judgment, use rubrics that clearly specify the criteria for scoring. Scoring consistency should be constantly monitored.
- Provide a method for checking the accuracy of scores when accuracy is challenged by test takers.

INTERPRETING TEST RESULTS

Responsible test interpretation requires knowledge about and experience with the test, the scores, and the decisions to be made. Interpretation of scores on any test should not take place without a thorough knowledge of the technical aspects of the test, the test results, and its limitations. Many factors can impact the valid and useful interpretations of test scores. These can be grouped into several categories including psychometric, test taker, and contextual, as well as others.

- *Psychometric Factors:* Factors such as the reliability, norms, standard error of measurement, and validity of the instrument are important when interpreting test results. Responsible test use considers these basic concepts and how each impacts the scores and hence the interpretation of the test results.
- *Test Taker Factors:* Factors such as the test taker's group membership and how that membership may impact the results of the test is a critical factor in the interpretation of test results. Specifically, the test user should evaluate how the test taker's gender, age, ethnicity, race, socioeconomic status, marital status, and so forth, impact on the individual's results.
- *Contextual Factors:* The relationship of the test to the instructional program, opportunity to learn, quality of the educational program, work and home environment, and other factors that would assist in understanding the test results are useful in interpreting test results. For example, if the test does not align to curriculum standards and how those standards are taught in the classroom, the test results may not provide useful information.

COMMUNICATING TEST RESULTS

Before communication of test results takes place, a solid foundation and preparation is necessary. That foundation includes knowledge of test interpretation and an understanding of the particular test being used, as provided by the test manual.

Conveying test results with language that the test taker, parents, teachers, clients, or general public can understand is one of the key elements in helping others understand the meaning of the test results. When reporting group results, the information needs to be supplemented with background information that can help explain the results with cautions about misinterpretations. The test user should indicate how the test results can be and should not be interpreted.

CLOSING

Proper test use resides with the test user—the counselor and educator. Qualified test users understand the measurement characteristics necessary to select good standardized tests, administer the tests according to specified procedures, assure accurate scoring, accurately interpret test scores for individuals and groups, and ensure productive applications of the results. This document provides guidelines for using tests responsibly with students and clients.

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Appendix C

ACA Code of Ethics

ACA CODE OF ETHICS PREAMBLE

The American Counseling Association is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. ACA members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.

Professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values that guide out behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization.

ACA CODE OF ETHICS PURPOSE

The *ACA Code of Ethics* serves five main purposes:

1. The *Code* enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The *Code* helps support the mission of the association.
3. The *Code* establishes principles that define ethical behavior and best practices of association members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a professional course

of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.

5. The *Code* serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

The *ACA Code of Ethics* contains eight main sections that address the following areas:

Section A: The Counseling Relationship

Section B: Confidentiality, Privileged Communication, and Privacy

Section C: Professional Responsibility

Section D: Relationships With Other Professionals

Section E: Evaluation, Assessment, and Interpretation

Section F: Supervision, Training, and Teaching

Section G: Research and Publication

Section H: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the *ACA Code of Ethics*.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process. Reasonable

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differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application.

Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

A brief glossary is given to provide readers with a concise description of some of the terms used in the *ACA Code of Ethics*.

SECTION A

The Counseling Relationship

Introduction

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*).

A.1. Welfare of Those Served by Counselors

A.1.a. Primary Responsibility

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

A.1.b. Records

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g.7., B.6., B.6.g., G.2.j.)

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of

success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

A.1.d. Support Network Involvement

Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.1.e. Employment Needs

Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Informed Consent in the Counseling Relationship (See A.12.g., B.5., B.6.b., E.3., E.13.b., F.1.c., G.2.a.)

A.2.a. Informed Consent

Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following; the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment team professionals are involved); to obtain clear information about

their records; to participate in the ongoing counseling plans; and to refuse any services or modality change and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent

When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values

Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

A.5. Roles and Relationships With Clients

(See F.3., F.10., G.3.)

A.5.a. Current Clients

Sexual or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.

A.5.b. Former Clients

Sexual or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.

A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

A.5.d. Potentially Beneficial Interactions

When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

A.5.e. Role Changes in the Professional Relationship

When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include

1. changing from individual to relationship or family counseling, or vice versa;

2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and
4. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) of counselor role changes.

A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.6.b. Confidentiality and Advocacy

Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.7. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately. (See A.8.a., B.4.)

A.8. Group Work (See B.4.a.)

A.8.a. Screening

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.8.b. Protecting Clients

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.9. End-of-Life Care for Terminally Ill Clients

A.9.a. Quality of Care

Counselors strive to take measures that enable clients

1. to obtain high-quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

A.9.b. Counselor Competence, Choice, and Referral

Recognizing the personal, moral, and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

A.9.c. Confidentiality

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

A.10. Fees and Bartering

A.10.a. Accepting Fees From Agency Clients

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Establishing Fees

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering

Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.e. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

A.11. Termination and Referral

A.11.a. Abandonment Prohibited

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

A.11.b. Inability to Assist Clients

If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.12. Technology Applications

A.12.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments, and other communication devices.

A.12.b. Technology-Assisted Services

When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services

When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access

Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

A.12.e. Laws and Statutes

Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

A.12.f. Assistance

Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

A.12.g. Technology and Informed Consent

As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.

2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
11. Inform clients when technology-assisted distance counseling services are not covered by insurance. (See A.2.)

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
6. Strive to provide a site that is accessible to persons with disabilities.

7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

SECTION B

Confidentiality, Privileged Communication, and Privacy

Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors do not share confidential information without client consent or without sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions

B.2.a. Danger and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to

protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues. (See A.9.c.)

B.2.b. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

B.2.c. Court-Ordered Disclosure

When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers. (See F.1.c.)

B.3.b. Treatment Teams

When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A.12.g.)

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

B.4. Groups and Families

B.4.a. Group Work

In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

B.4.b. Couples and Family Counseling

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.6. Records*B.6.a. Confidentiality of Records*

Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe

Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.d. Client Access

Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that are related directly to them and do not include confidential information related to any other client.

B.6.e. Assistance With Records

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. Disclosure or Transfer

Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. (See A.3., E.4.)

B.6.g. Storage and Disposal After Termination

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regard to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (See C.2.h.)

B.7. Research and Training*B.7.a. Institutional Approval*

When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research

Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

B.7.d. Disclosure of Research Information

Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.a., G.2.d.)

B.7.e. Agreement for Identification

Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have

reviewed the material and agreed to its presentation or publication. (See G.4.d.)

B.8. Consultation

B.8.a. Agreements

When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

B.8.b. Respect for Privacy

Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.8.c. Disclosure of Confidential Information

When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation. (See D.2.d.)

SECTION C

Professional Responsibility

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improves the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of Standards

Counselors have a responsibility to read, understand, and follow the *ACA Code of Ethics* and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., G.4.e., E.2., F.2., F.11.b.)

C.2.b. New Specialty Areas of Practice

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm. (See F.6.f.)

C.2.c. Qualified for Employment

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

C.2.e. Consultation on Ethical Obligations

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.2.g. Impairment

Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients. (See A.11.b., F.8.b.)

C.2.h. Counselor Incapacitation or Termination of Practice

When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or “records custodian” a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

C.3. Advertising and Soliciting Clients*C.3.a. Accurate Advertising*

When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c. Statements by Others

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

C.3.e. Products and Training Advertisements

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices. (See C.6.d.)

C.3.f. Promoting to Those Served

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4. Professional Qualifications*C.4.a. Accurate Representation*

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training. (See C.2.a.)

C.4.b. Credentials

Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as “Dr.” in a counseling context when their doctorate is not in counseling or a related field.

C.4.e. Program Accreditation Status

Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f. Professional Membership

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination

Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

C.6. Public Responsibility

C.6.a. Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.3., E.4.)

C.6.c. Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice.
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and
3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships. (See C.3.e.)

C.6.e. Scientific Bases for Treatment Modalities

Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

C.7. Responsibility to Other Professionals

C.7.a. Personal Public Statements

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

SECTION D

Relationships With Other Professionals

Introduction

Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches

Counselors are respectful of approaches to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

D.1.b. Forming Relationships

Counselors work to develop and strengthen interdisciplinary relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients keep the focus on how to best serve the clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines. (See A.1.a.)

D.1.d. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

D.1.e. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.f. Personnel Selection and Assignment

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action

Counselors take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Consultation*D.2.a. Consultant Competency*

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing

consultation services. Counselors provide appropriate referral resources when requested or needed. (See C.2.a.)

D.2.b. Understanding Consultees

When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D.2.c. Consultant Goals

The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation

When providing consultation, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

SECTION E**Evaluation, Assessment, and Interpretation****Introduction**

Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological, and career assessment instruments.

E.1. General*E.1.a. Assessment*

The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments*E.2.a. Limits of Competence*

Counselors utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)

E.2.b. Appropriate Use

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

E.3. Informed Consent in Assessment*E.3.a. Explanation to Clients*

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12g., F.1.c.)

E.3.b. Recipients of Results

Counselors consider the examinee's welfare, explicit understandings, and prior agreements in determining who receives

the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results. (See B.2.e., B.5.)

E.4. Release of Data to Qualified Professionals

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data. (See B.1., B.3., B.6.b.)

E.5. Diagnosis of Mental Disorders*E.5.a. Proper Diagnosis*

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

E.6. Instrument Selection*E.6.a. Appropriateness of Instruments*

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations

Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., F.5.b.)

E.7. Conditions of Assessment Administration

(See A.12.b., A.12.d.)

E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Technological Administration

Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee.

E.8. Multicultural Issues/Diversity in Assessment

Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments*E.9.a. Reporting*

In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circum-

stances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Research Instruments

Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

E.9.c. Assessment Services

Counselors who provide assessment scoring and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of educational and psychological assessment techniques.

E.13. Forensic Evaluation: Evaluation for Legal Proceedings*E.13.a. Primary Obligations*

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors are entitled to from professional opinions based on their professional knowledge and expertise that can be supported by the data gathered

in evaluations. Counselors will define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

SECTION F

Supervision, Training, and Teaching

Introduction

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. (See A.2.b.)

F.1.c. Informed Consent and Client Rights

Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used. (See A.2.b., B.1.d.)

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See C.2.a., C.2.f.)

F.2.b. Multicultural Issues/Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

F.3. Supervisory Relationships

F.3.a. Relationship Boundaries With Supervisees

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment. (See C.6.a.)

F.3.d. Close Relatives and Friends

Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

F.3.e. Potentially Beneficial Relationships

Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

F.4. Supervisor Responsibilities**F.4.a. Informed Consent for Supervision**

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice. (See C.1.)

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to

resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Counseling Supervision Evaluation, Remediation, and Endorsement**F.5.a. Evaluation**

Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations

Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions. (See C.2.g.)

F.5.c. Counseling for Supervisees

If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning. (See F.3.a.)

F.5.d. Endorsement

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.6. Responsibilities of Counselor Educators**F.6.a. Counselor Educators**

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training

programs in an ethical manner and serve as role models for professional behavior. (See C.1., C.2.a., C.2.c.)

F.6.b. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice

Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics

Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (See C.1.)

F.6.e. Peer Relationships

Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques

When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as “unproven” or “developing” and explain to students the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements

Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure

Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure

that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (See A.2.b.)

F.7. Student Welfare

F.7.a. Orientation

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-disclosure as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation and dismissal policies and procedures; and
7. up-to-date employment prospects for graduates.

F.7.b. Self-Growth Experiences

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Student Responsibilities

F.8.a. Standards for Students

Counselors-in-training have a responsibility to understand and follow the *ACA Code of Ethics* and adhere to applicable laws, regulatory policies, and rules and policies governing

professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)

F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (See A.1., C.2.d., C.2.g.)

F.9. Evaluation and Remediation of Students

F.9.a. Evaluation

Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing performance appraisal and evaluation feedback throughout the training program.

F.9.b. Limitations

Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. (See C.2.g.)

F.9.c. Counseling for Students

If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships

Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment. (See C.6.a.)

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

F.10.d. Nonprofessional Relationships

Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

F.10.e. Counseling Services

Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

F.10.f. Potentially Beneficial Relationships

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or natural membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

SECTION G

Research and Publication

Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1. Research Responsibilities

G.1.a. Use of Human Research Participants

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human research participants.

G.1.b. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

G.1.c. Independent Researchers

When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with

researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury

Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. Principal Researcher Responsibility

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.1.f. Minimal Interference

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity Considerations in Research

When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants

(See A.2, A.7.)

G.2.a. Informed Consent in Research

Individuals have the right to consent to become research participants. In seeking consent, counselors use language that

1. accurately explains the purpose and procedures to be followed,
2. identifies any procedures that are experimental or relatively untried,
3. describes any attendant discomforts and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably expected,
5. discloses appropriate alternative procedures that would be advantageous for participants,
6. offers to answer any inquiries concerning the procedures,
7. describes any limitations on confidentiality,
8. describes the format and potential target audiences for the dissemination of research findings, and
9. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

G.2.b. Deception

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation

Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.d. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent

When a person is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.g. Commitments to Participants

Counselors take reasonable measures to honor all commitments to research participants. (See A.2.c.)

G.2.h. Explanations After Data Collection

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research.

Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.i. Informing Sponsors

Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.j. Disposal of Research Documents and Records

Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a, B.4.g.)

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)*G.3.a. Nonprofessional Relationships*

Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants

Researchers do not condone or subject research participants to sexual harassment.

G.3.d. Potentially Beneficial Interactions

When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results*G.4.a. Accurate Results*

Counselors plan, conduct, and report research accurately. They provide through discussions of the limitations of their data and

alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

G.4.d. Identity of Participants

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies

Counselors are obligated to make available sufficient original research data to qualified professional who may wish to replicate the study.

G.5. Publication

G.5.a. Recognizing Contributions

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism

Counselors do not plagiarize; that is, they do not present another person's work as their own work.

G.5.c. Review/Republication of Data or Ideas

Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas of data where such ideas or data are submitted for review or publication.

G.5.d. Contributors

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research

For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

G.5.h. Professional Review

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselor who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

SECTION H

Resolving Ethical Issues

Introduction

Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other counselors to the

same standards and are willing to take appropriate action to ensure that these standards are upheld.

Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1. Standards and the Law

(See F.9.a.)

H.1.a. Knowledge

Counselors understand the *ACA Code of Ethics* and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

H.1.b. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the *ACA Code of Ethics* and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior Expected

Counselors expect colleagues to adhere to the *ACA Code of Ethics*. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. (See H.2.b., H.2.c.)

H.2.b. Informal Resolution

When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

H.2.c. Reporting Ethical Violations

If an apparent violation has substantially harmed, or is likely to substantially harm, a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation.

Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

H.2.d. Consultation

When uncertain as to whether a particular situation or course of action may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledgeable about ethics and the *ACA Code of Ethics*, with colleagues, or with appropriate authorities.

H.2.e. Organizational Conflicts

If the demands of an organization with which counselors are affiliated pose a conflict with the *ACA Code of Ethics*, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the *ACA Code of Ethics*. When possible, counselors work toward change within the organization to allow full adherence to the *ACA Code of Ethics*. In doing so, they address any confidentiality issues.

H.2.f. Unwarranted Complaints

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

H.2.g. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the *ACA Code of Ethics*. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the *ACA Policy and Procedures for Processing Complaints of Ethical Violations* and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

Appendix D

Ethical Principles of Psychologists and Code of Conduct 2002

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A–E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and

other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil

liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the educa-

tion of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment of the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state

psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
- (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
- (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure

that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

- (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
- (b) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

- (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
- (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants,

organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

- (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

- (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This

clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

- (a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
- (b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law,

psychologists take reasonable steps to protect the individual's rights and welfare.

- (c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
- (d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

- (a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate to those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.
- (b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained

through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

- (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)
- (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
- (c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

- (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
- (b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

- (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

- (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

- (a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent

concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

- (b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
- (c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

- (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
- (b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, *Misuse of Psychologists' Work*.)
- (c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with

the recipient. (See also Standard 2.04, *Bases for Scientific and Professional Judgments*.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, *Maintaining Confidentiality*.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

- (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, *Maintaining Confidentiality*, and 6.01, *Documentation of Professional and Scientific Work and Maintenance of Records*.)
- (b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient,

psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

- (c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

- (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
- (b) Psychologists' fee practices are consistent with law.
- (c) Psychologists do not misrepresent their fees.
- (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
- (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the

accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

- (a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

- (b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

- (a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
- (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

- (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
- (b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

- (a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)
- (b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data

collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

- (a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
- (b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
- (b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

- (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

- (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
- (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
- (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

- (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

- (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
- (g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

- (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
- (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
- (c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the

student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

- (a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
- (b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

- (a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
- (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of

individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

- (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

- (a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
- (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.
- (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

- (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of

third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

- (b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
- (c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

- (a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)
- (b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
- (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

- (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
- (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)
- (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated

or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

- (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)
- (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)
- (c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

- (a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children),

they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, *Discussing the Limits of Confidentiality*.)

- (b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, *Multiple Relationships*.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

- (a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.
- (b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, *Multiple Relationships*.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, *Interruption of Psychological Services*.)

10.10 Terminating Therapy

- (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
- (c) Except where precluded by the actions of clients/patients or third party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279–282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56–60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357–361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22–23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633–638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390–395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597–1611.

Appendix E

Code of Ethics of the American Mental Health Counselors Association

2000 Revision

PREAMBLE

Mental health counselors believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior and understanding of themselves and others. While pursuing these endeavors, they make every reasonable effort to protect the welfare of those who seek their services, or of any subject that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and community, mental health counselors accept the responsibility this freedom confers: competence, objectivity in the application of skills, and concern for the best interest of clients, colleagues, and society in general. In the pursuit of these ideals, mental health counselors subscribe to the following principles:

- Principle 1 Welfare of the Consumer
- Principle 2 Clients' Rights
- Principle 3 Confidentiality
- Principle 4 Utilization of Assessment Techniques
- Principle 5 Pursuit of Research Activities
- Principle 6 Consulting
- Principle 7 Competence
- Principle 8 Professional Relationships
- Principle 9 Supervisee, Student and Employee Relationships
- Principle 10 Moral and Legal Standards
- Principle 11 Professional Responsibility

- Principle 12 Private Practice
- Principle 13 Public Statements
- Principle 14 Internet On-Line Counseling
- Principle 15 Resolution of Ethical Problems

CLINICAL ISSUES

Principle 1 Welfare of the Consumer

A) Primary Responsibility

1. The primary responsibility of the mental health counselor is to respect the dignity and integrity of the client. Client growth and development are encouraged in ways that foster the client's interest and promote welfare.
2. Mental health counselors are aware of their influential position with respect to their clients, and avoid exploiting the trust and fostering dependency of their clients.
3. Mental health counselors fully inform consumers as to the purpose and nature of any evaluation, treatment, education or training procedure and they fully acknowledge that the consumer has the freedom of choice with regard to participation.

B) Counseling Plans

Mental health counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent

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with the abilities and circumstances of the client. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting the client's freedom of choice.

C) Freedom of Choice

Mental health counselors offer clients the freedom to choose whether to enter into a counseling relationship and determine which professionals will provide the counseling. Restrictions that limit clients' choices are fully explained.

D) Clients Served by Others

1. If a client is receiving services from another mental health professional or counselor, the mental health counselor secures consent from the client, informs the professional of the arrangement, and develops a clear agreement to avoid confusion and conflicts for the client.
2. Mental health counselors are aware of the intimacy and responsibilities inherent in the counseling relationship. They maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client. Mental health counselors are aware of their own values, attitudes, beliefs and behaviors, and how these apply in a diverse society. They avoid imposing their values on the consumer.

E) Diversity

1. Mental health counselors do not condone or engage in any discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status.
2. Mental health counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the counselor's own cultural/ethnic/racial/religious identity impacts his or her own values and beliefs about the counseling process. When there is a conflict between the client's goals, identity and/or values and those of the mental health counselor, a referral to an appropriate colleague must be arranged.

F) Dual Relationships

Mental health counselors are aware of their influential position with respect to their clients and avoid exploiting the trust and fostering dependency of the client.

1. Mental health counselors make every effort to avoid dual relationships with clients that could impair professional judgement or increase the risk of harm. Examples of such relationships may include, but are not limited to: familial, social,

financial, business, or close personal relationships with the clients.

2. Mental health counselors do not accept as clients individuals with whom they are involved in an administrative, supervisory, and evaluative nature. When acting as supervisors, trainers, or employers, mental health counselors accord recipients informed choice, confidentiality and protection from physical and mental harm.
3. When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision and documentation to ensure that judgement is not impaired and no exploitation has occurred.

G) Sexual Relationships

Sexual relationships with clients are strictly prohibited. Mental health counselors do not counsel persons with whom they have had a previous sexual relationship.

H) Former Clients

Counselors do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. The mental health counselor has the responsibility to examine and document thoroughly that such relations did not have an exploitative nature based on factors such as duration of counseling, amount of time since counseling, termination circumstances, the client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

I) Multiple Clients

When mental health counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients, and the nature of the relationship they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

J) Informed Consent

Mental health counselors are responsible for making their services readily accessible to clients in a manner that facilitates the clients' abilities to make an informed choice when selecting a provider. This responsibility includes a clear description of what the client can expect in the way of tests, reports, billing, therapeutic regime and schedules, and the use of the mental health counselor's statement of professional disclosure. In the event that a client is a minor or possesses disabilities that would prohibit informed consent, the mental health counselor acts in the client's best interest.

K) Conflict of Interest

Mental health counselors are aware of possible conflicts of interests that may involve the organization in which they are employed and their client. When conflicts occur, mental health counselors clarify the nature of the conflict and inform all parties of the nature and direction of their loyalties and responsibilities, and keep all parties informed of their commitments.

L) Fees and Bartering

1. Mental health counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services, including the use of collection agencies or legal measures for nonpayment.
2. In establishing fees for professional counseling services, mental health counselors consider the financial status of their clients and locality. In the event that the payment of the mental health counselor's usual fees would create undue hardship for the client, assistance is provided in attempting to find comparable services at an acceptable cost.
3. Mental health counselors ordinarily refrain from accepting goods or services from clients in return for counseling service because such arrangements create inherent potential for conflicts, exploitation and distortion of the professional relationship. Participation in bartering is only used when there is no exploitation, if the client requests it, if a clear written contract is established, and if such an arrangement is an accepted practice among professionals in the community.

M) Pro Bono Service

Mental health counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return.

N) Consulting

Mental health counselors may choose to consult with any other professionally competent person about a client. In choosing a consultant, the mental health counselor should avoid placing the consultant in a conflict of interest situation that would preclude the consultant from being a proper party to the mental health counselor's effort to help the client.

O) Group Work

1. Mental health counselors screen prospective group counseling/therapy participants. Every effort is made to select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.

2. In the group setting, mental health counselors take reasonable precautions to protect clients from physical and psychological harm or trauma.
3. When the client is engaged in short term group treatment/training programs, i.e. marathons and other encounter type or growth groups, the members ensure that there is professional assistance available during and following the group experience.

P. Termination and Referral

Mental health counselors do not abandon or neglect their clients in counseling. Assistance is given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacation and following termination.

Q. Inability to assist clients

If the mental health counselor determines that their services are not beneficial to the client, they avoid entering or terminate immediately a counseling relationship. Mental health counselors are knowledgeable about referral sources and appropriate referrals are made. If clients decline the suggested referral, mental health counselors discontinue the relationship.

R. Appropriate Termination

Mental health counselors terminate a counseling relationship, securing a client's agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and interests of the client, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services.

Principle 2 Clients' Rights

The following apply to all consumers of mental health services, including both in- and out-patients and all state, county, local, and private care mental health facilities, as well as clients of mental health practitioners in private practice.

The client has the right:

- A) To be treated with dignity, consideration and respect at all times;
- B) To expect quality service provided by concerned, trained, professional and competent staff;
- C) To expect complete confidentiality within the limits of the law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent;
- D) To a clear working contract in which business items, such as time of sessions, payment plans/fees,

absences, access, emergency procedures, and third-party reimbursement procedures are discussed;

- E) To a clear statement of the purposes, goals techniques, rules of procedure and limitations, as well as the potential dangers of the services to be performed, and all other information related to or likely to affect the ongoing mental health counseling relationship;
- F) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;
- G) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible;
- H) To obtain information about their case record and to have this information explained clearly and directly;
- I) To request information and/or consultation regarding the conduct and progress of their therapy;
- J) To refuse any recommended services and to be advised of the consequences of this action;
- K) To a safe environment free of emotional, physical and sexual abuse;
- L) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and
- M) To a clearly defined ending process, and to discontinue therapy at any time.

Principle 3 Confidentiality

Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research. Personal information is communicated to other only with the person's written consent or in those circumstances where there is clear and imminent danger to the client, to others or to society. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

- A) At the outset of any counseling relationship, mental health counselors make their clients aware of their rights in regard to the confidential nature of the counseling relationship. They fully disclose the limits of, or exceptions to, confidentiality, and/or the existence of privileged communication, if any.
- B) All materials in the official record shall be shared with the client, who shall have the right to decide what information may be shared with anyone

beyond the immediate provider of service and be informed of the implications of the materials to be shared.

- C) Confidentiality belongs to the clients. They may direct the mental health counselor, in writing, to release information to others. The release of information without the consent of the client may only take place under the most extreme circumstances. The protection of life, as in the case of suicidal or homicidal clients, exceeds the requirements of confidentiality. The protection of a child, an elderly person, or a person not competent to care for themselves from physical or sexual abuse or neglect requires that a report be made to a legally constituted authority. The mental health counselor complies with all state and federal statutes concerning mandated reporting of suicidality, homicidality, child abuse, incompetent person abuse and elder abuse. The protection of the public or another individual from a contagious condition known to be fatal also requires action that may include reporting the willful infection of another with the condition.

The mental health counselor (or staff member) does not release information by request unless accompanied by a specific release of information or a valid court order. Mental health counselors will comply with the order of a court to release information but they will inform the client of the receipt of such an order. A subpoena is insufficient to release information. In such a case, the counselor must inform his client of the situation and, if the client refuses release, coordinate between the client's attorney and the requesting attorney so as to protect client confidentiality and one's own legal welfare.

In the case of all of the above exceptions to confidentiality, the mental health counselor will release only such information as is necessary to accomplish the action required by the exception.

- D) The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.
- E) Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.
- F) Service providers have the responsibility to ensure the accuracy and to indicate the validity of data shared with their parties.
- G) Case reports presented in classes, professional meetings, or publications shall be so disguised

that no identification is possible unless the client or responsible authority has read the report and agreed in writing to its presentation or publication.

- H) Counseling reports and records are maintained under conditions of security, and provisions are made for their destruction when they have outlived their usefulness. Mental health counselors ensure that all persons in his or her employ, volunteers, and community aides maintain privacy and confidentiality.
- I) Mental health counselors who ask that an individual reveal personal information in the course of interviewing, testing or evaluation, or who allow such information to be divulged, do so only after making certain that the person or authorized representative is fully aware of the purposes of the interview, testing or evaluation, and of the ways in which the information will be used.
- J) Sessions with clients may be taped or otherwise recorded only with their written permission or the written permission of a responsible guardian. Even with a guardian's written consent, one should not record a session against the expressed wishes of a client. Such tapes shall be destroyed when they have outlived their usefulness.
- K) Where a child or adolescent is the primary client, or the client is not competent to give consent, the interests of the minor or the incompetent client shall be paramount. Where appropriate, a parent(s) or guardian(s) may be included in the counseling process. The mental health counselor must still take measures to safeguard the client's confidentiality.
- L) In work with families, the rights of each family member should be safeguarded. The provider of service also has the responsibility to discuss the contents of the record with the parent and/or child, as appropriate, and to keep separate those parts, which should remain the property of each family member.
- M) In work with groups, the rights of each group member should be safeguarded. The provider of service also has the responsibility to discuss the need for each member to respect the confidentiality of each other member of the group. He must also remind the group of the limits on and risk to confidentiality inherent in the group process.
- N) When using a computer to store confidential information, mental health counselors take measures to control access to such information. When such information has outlived its usefulness, it should be deleted from the system.

Principle 4 Utilization of Assessment Techniques

A) Test Selection

1. In choosing a particular test, mental health counselors should ascertain that there is sufficient evidence in the test manual of its applicability in measuring a certain trait or construct. The manual should fully describe the development of the test, the rationale, and data pertaining to item selection and test construction. The manual should explicitly state the purposes and applications for which the test is intended, and provide reliability and validity data about the test. The manual should furthermore identify the qualifications necessary to properly administer and interpret the test.
2. In selecting a particular combination of tests, mental health counselors need to be able to justify the logic of those choices.
3. Mental health counselors should employ only those tests for which they judge themselves competent by training, education, or experience. In familiarizing themselves with new tests, counselors thoroughly read the manual and seek workshops, supervision, or other forms of training.
4. Mental health counselors avoid using outdated or obsolete tests, and strive to remain current regarding test publication and revision.
5. Tests selected for individual testing must be appropriate for that individual in that appropriate norms exist for variables such as age, gender, and race. The test form must fit the client. If the test must be used in the absence of available information regarding the above subsamples, the limitations of generalizability should be duly noted.

B) Test Administration

1. Mental health counselors should faithfully follow instructions for administration of a test in order to ensure standardization. Failure to consistently follow test instructions will result in test error and incorrect estimates of the trait or behavior being measured.
2. Tests should only be employed in appropriate professional settings or as recommended by instructors or supervisors for training purposes. It is best to avoid giving tests to relatives, close friends or business associates, in that doing so constructs a dual professional/personal relationship, which is to be avoided.
3. Mental health counselors should provide the test taker with appropriate information regarding the reason for assessment, the approximate

length of time required, and to whom the report will be distributed. Issues of confidentiality must be addressed, and the client must be given the opportunity to ask questions of the examiner prior to beginning the procedure.

4. Care should be taken to provide an appropriate assessment environment in regard to temperature, privacy, comfort, and freedom from distractions.
5. Information should be solicited regarding any possible handicaps, such as problems with visual or auditory acuity, limitations of hand/eye coordination, illness, or other factors. If the disabilities cannot be accommodated effectively, the test may need to be postponed or the limitation of applicability of the test results noted in the test report.
6. Professionals who supervise others should ensure that their trainees have sufficient knowledge and experience before utilizing the tests for clinical purposes.
7. Mental health counselors must be able to document appropriate education, training, and experience in areas of assessment they perform.

C) Test Interpretation

1. Interpretation of test or test battery results should be based on multiple sources of convergent data and an understanding of the tests' foundations and limits.
2. Mental health counselors must be careful not to make conclusions unless empirical evidence is present to justify the statement. If such evidence is lacking, one should not make diagnostic or prognostic formulations.
3. Interpretation of test results should take into account the many qualitative influences on test-taking behavior, such as health, energy, motivation, and the like. Description and analysis of alternative explanations should be provided with the interpretations.
4. One should not make firm conclusions in the absence of published information that establishes a satisfactory degree of test validity, particularly predictive validity.
5. Multicultural factors must be considered in test interpretation and diagnosis, and formulation of prognosis and treatment recommendations.
6. Mental health counselors should avoid biased or incorrect interpretation by assuring that the test norms reference the population taking the test.

7. Mental health counselors are responsible for evaluating the quality of computer software interpretations of test data. Mental health counselors should obtain information regarding validity of computerized test interpretation before utilizing such an approach.
8. Supervisors should ensure that their supervisees have had adequate training in interpretation before entrusting them to evaluate tests in a semi-autonomous fashion.
9. Any individual or organization offering test scoring or interpretation services must be able to demonstrate that their programs are based on sufficient and appropriate research to establish the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated test interpretation service will be considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but his or her ultimate and overriding responsibility is to the client.
10. Mental health counselors who have the responsibility for making decisions about clients or policies based on test results should have a thorough understanding of counseling theory, assessment techniques, and test research.
11. Mental health counselors do not represent computerized test interpretations as their own and clearly designate such computerized results.

D) Test Reporting

1. Mental health counselors should write reports in a clear fashion, avoiding excessive jargon or clinical terms that are likely to confuse the lay reader.
2. Mental health counselors should strive to provide test results in as positive and nonjudgmental manner as possible.
3. Mindful that one's report reflects on the reputation of oneself and one's profession, reports are carefully proofread so as to be free of spelling, style, and grammatical errors as much as is possible.
4. Clients should be clearly informed about who will be allowed to review the report and, in the absence of a valid court order, must sign appropriate releases of information permitting such release. Mental health counselors must not release the report or findings in the absence of the aforementioned releases or order.
5. Mental health counselors are responsible for ensuring the confidentiality and security of test reports, test data, and test materials.

6. Mental health counselors must offer the client the opportunity to receive feedback about the test results, interpretations, and the range of error for such data.
7. Transmissions of test data or test reports by fax or e-mail must be accomplished in a secure manner, with guarantees that the receiving device is capable of providing a confidential transmission only to the party who has been permitted to receive the document.
8. Mental health counselors should train his or her staff to respect the confidentiality of test reports in the context of typing, filing, or mailing them.
9. Mental health counselors (or staff members) do not release a psychological evaluation by request unless accompanied by a specific release of information or a valid court order. A subpoena is insufficient to release a report. In such a case, the counselor must inform his/her client of the situation and, if the client refuses release, coordinate between the client's attorney and the requesting attorney so as to protect client confidentiality and one's own legal welfare.

Principle 5 Pursuit of Research Activities

Mental health counselors who conduct research must do so with regard to ethical principles. The decision to undertake research should rest upon a considered judgment by the individual counselor about how best to contribute to counseling and to human welfare. Mental health counselors carry out their investigations with respect for the people who participate and with concern for their dignity and welfare.

1. The ethical researcher seeks advice from other professionals if any plan of research suggests a deviation from any ethical principle of research with human subjects. Such deviation must still protect the dignity and welfare of the client and places on the researcher a special burden to act in the subject's interest.
2. The ethical researcher is open and honest in the relationship with research participants.
 - a) The ethical researcher informs the participant of all features of the research that might be expected to influence willingness to participate and explains to the participant all other aspects about which the participant inquires.
 - b) Where scientific or human values justify delaying or withholding information, the investigator acquires a special responsibility to assure that there are no damaging consequences for the participants.
 - c) Following the collection of the data, the ethical researcher must provide the participant with a

full clarification of the nature of the study to remove any misconceptions that may have arisen.

- d) As soon as possible, the participant is to be informed of the reasons for concealment or deception that are part of the methodological requirements of a study.
 - e) Such misinformation must be minimized and full disclosure must be made at the conclusion of all research studies.
 - f) The ethical researcher understands that failure to make full disclosure to a research participant gives added emphasis to the researcher's abiding responsibility to protect the welfare and dignity of the participant.
3. The ethical researcher protects participants from physical and mental discomfort, harm and danger. If the risks of such consequences exist, the investigator is required to inform the participant of that fact, secure consent before proceeding, and take all possible measures to minimize the distress.
 4. The ethical researcher instructs research participants that they are free to withdraw their consent and from participation at any time.
 5. The ethical researcher understands that information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, the participant must be made aware of the possibility and the plans for protecting confidentiality as a part of the procedure for obtaining informed consent.
 6. The ethical researcher gives sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.
 7. The ethical researcher is aware of his or her obligation to future research workers and ensures that host institutions are given feedback information and proper acknowledgement.

Principle 6 Consulting

- A) Mental health counselors acting as consultants must have a high degree of self-awareness of their own values, knowledge skills and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship should be on the issues to be resolved and not on the personal characteristics of those presenting the consulting issues.
- B) Mental health counselors should develop an understanding of the problem presented by the client and

should secure an agreement with the consultation client, specifying the terms and nature of the consulting relationship.

- C) Mental health counselors must be reasonably certain that they and their clients have the competencies and resources necessary to follow the consultation plan.
- D) Mental health counselors should encourage adaptability and growth toward self-direction. Mental health counselors should avoid becoming a decision-maker or substitute for the client.
- E) When announcing consultant availability for services, mental health counselors conscientiously adhere to professional standards.
- F) Mental health counselors keep all proprietary information confidential.
- G) Mental health counselors avoid conflicts of interest in selecting consultation clients.

and competency. In the event that personal problems arise and are affecting professional services, they will seek competent professional assistance to determine whether they should limit, suspend or terminate services to their clients.

- E) Mental health counselors have a responsibility both to the individual who is served and to the institution within which the service is performed to maintain high standards of professional conduct. Mental health counselors strive to maintain the highest level of professional services offered to the agency, organization or institution in providing the highest caliber of professional services. The acceptance of employment in an institution implies that the mental health counselor is in substantial agreement with the general policies and principles of the institution. If, despite concerted efforts, the member cannot reach an agreement with the employer as to acceptable standards of conduct that allows for changes in institutional policy conducive to the positive growth and development of counselors, then terminating the affiliation should be seriously considered.
- F) Ethical behavior among professional associates, mental health counselors and non-mental health counselors is expected at all times. When information is possessed that raises serious doubts as to the ethical behavior of professional colleagues, whether association members or not, the mental health counselor is obligated to take action to attempt to rectify such a condition. Such action shall utilize the institution's channels first and then utilize procedures established by the state licensure board.
- G) Mental health counselors are aware of the intimacy of the counseling relationship, maintain a healthy respect for the integrity of the client, and avoid engaging in activities that seek to meet the mental health counselor's personal needs at the expense of the client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the member strives to ensure the individual rights and personal dignity of the client in the counseling relationship.

PROFESSIONAL ISSUES

Principle 7 Competence

The maintenance of high standards of professional competence is a responsibility shared by all mental health counselors in the best interests of the public and the profession. Mental health counselors recognize the boundaries of their particular competencies and the limitations of their expertise. Mental health counselors only provide those services and use only those techniques for which they are qualified by education, techniques or experience. Mental health counselors maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for on-going education.

- A) Mental health counselors accurately represent their competence, education, training and experience.
- B) As teaching professionals, mental health counselors perform their duties based on careful preparation in order that their instruction is accurate, up to date and educational.
- C) Mental health counselors recognize the need for continued education and training in the area of cultural diversity and competency. Mental health counselors are open to new procedures and sensitive to the diversity of varying populations and changes in expectations and values over time.
- D) Mental health counselors and practitioners recognize that their effectiveness depends in part upon their ability to maintain sound and healthy interpersonal relationships. They are aware that any unhealthy activity would compromise sound professional judgement

Principle 8 Professional Relationships

Mental health counselors act with due regard for the needs and feelings of their colleagues in counseling and other professions. Mental health counselors respect the prerogatives and obligations of the institutions or organizations with which they associate.

- A) Mental health counselors understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of

consumers. The absence of formal relationships with other professional workers does not relieve mental health counselors from the responsibility of securing for their clients the best possible professional services; indeed, this circumstance presents a challenge to the professional competence of mental health counselors, requiring special sensitivity to problems outside their areas of training, and foresight, diligence, and tact in obtaining the professional assistance needed by clients.

- B) Mental health counselors know and take into account the traditions and practices of other professional groups with which they work and cooperate fully with members of such groups when research, services and other functions are shared, or in working for the benefit of public welfare.
- C) Mental health counselors treat professional colleagues with the same dignity and respect afforded to clients. Professional discourse should be free of personal attacks.
- D) Mental health counselors strive to provide positive conditions for those they employ and to spell out clearly the conditions of such employment. They encourage their employees to engage in activities that facilitate their further professional development.
- E) Mental health counselors respect the viability, reputation, and proprietary rights of organizations that they serve. Mental health counselors show due regard for the interest of their present or perspective employers. In those instances where they are critical of policies, they attempt to effect change by constructive action within the organization.
- F) In pursuit of research, mental health counselors are to give sponsoring agencies, host institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. They are aware of their obligation to future research workers and insure that host institutions are given feedback information and proper acknowledgement.
- G) Credit is assigned to those who have contributed to a publication, in proportion to their contribution.
- H) Mental health counselors do not accept or offer referral fees from other professionals.
- I) When mental health counselors violate ethical standards, mental health counselors who know firsthand of such activities should, if possible, attempt to rectify the situation. Failing an informal solution, mental health counselors should bring such unethical activities to the attention of the appropriate state licensure board committee on ethics and professional conduct. Only after all professional alternatives have been utilized will mental health counselors begin legal action for resolution.

Principle 9 Supervisee, Student and Employee Relationships

Mental health counselors have an ethical concern for the integrity and welfare of supervisees, students, and employees. They maintain these relationships on a professional and confidential basis. They recognize the influential position they have with regard to both current and former supervisees, students and employees. They avoid exploiting their trust and dependency.

- A) Mental health counselors do not engage in ongoing counseling relationships with current supervisees, students and employees.
- B) All forms of sexual behavior with supervisees, students and employees are unethical. Further, mental health counselors do not engage in sexual or other harassment of supervisees, students, employees or colleagues.
- C) Mental health counselor supervisors advise their supervisees, students and employees against offering or engaging in or holding themselves out as competent to engage in professional services beyond their training, level of experience and competence.
- D) Mental health counselors make every effort to avoid dual relationships with supervisees, students and employees that could impair their judgment or increase the risk of personal or financial exploitation. When a dual relationship can not be avoided, mental health counselors take appropriate professional precautions to make sure that judgment is not impaired. Examples of such dual relationships include, but are not limited to, a supervisee who receives supervision as a benefit of employment, or a student in a small college where the only available counselor on campus is an instructor.
- E) Mental health counselors do not disclose supervisee confidences except:
 1. To prevent clear and eminent danger to a person or persons.
 2. As mandated by law.
 - a) As in mandated child or senior abuse reporting.
 - b) Where the counselor is a defendant in a civil, criminal or disciplinary action.
 - c) In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present.
 - d) Where there is a waiver of confidentiality obtained in writing prior to such a release of information.

- F) Supervisees must make their clients aware in their informed consent statement that they are under supervision and they must provide their clients with the name and credentials of their supervisor.
- G) Mental health counselors require their supervisees, students and employees to adhere to the Code of Ethics. Students and supervisees have the same obligations to clients as those required of mental health counselors.

Principle 10 Moral and Legal Standards

Mental health counselors recognize that they have a moral, legal and ethical responsibility to the community and to the general public. Mental health counselors should be aware of the prevailing community standards and the impact of professional standards on the community.

- A) To protect students, mental health counselors/teachers will be aware of diverse backgrounds of students and will see that material is treated objectively and fairly to reflect the multicultural community in which they live.
- B) Providers of counseling services conform to the statutes relating to such services as established by their state and its regulating professional board(s).
- C) As employees, mental health counselors refuse to participate in an employer's practices that are inconsistent with the moral and legal standards established by federal or state legislation regarding the treatment of employees. In particular and for example, mental health counselors will not condone practices that result in illegal or otherwise unjustified discrimination on the basis of race, sex, religion or national origin in hiring, promotion or training.
- D) In providing counseling services to clients, mental health counselors avoid any action that will violate or diminish the legal and civil rights of clients or of others that may be effected by the action.
- E) Sexual conduct, not limited to sexual intercourse, between mental health counselors and clients is specifically in violation of this Code of Ethics. This does not, however, prohibit the use of explicit instructional aids including films and videotapes. Such use is within excepted practices of trained and competent sex therapists.

Principle 11 Professional Responsibility

In their commitment to the understanding of human behavior, mental health counselors value objectivity and integrity, and in providing services they maintain the highest standards. They accept responsibility for the consequences of

their work and make every effort to ensure that their services are used appropriately.

- A) Mental health counselors accept ultimate responsibility for selecting appropriate areas for investigation and the methods relevant to minimize the possibility that their finding will be misleading. They provide thorough discussion of the limitations of their data and alternative hypotheses, especially where their work touches on social policy or might be misconstrued to the detriment of specific age, sex, ethnic, socioeconomic, or other social categories. In publishing reports of their work, they never discard observations that may modify the interpretation of results. Mental health counselors take credit only for the work they have actually done. In pursuing research, mental health counselors ascertain that their efforts will not lead to changes in individuals or organizations unless such changes are part of the agreement at the time of obtaining informed consent. Mental health counselors clarify in advance the expectations for sharing and utilizing research data. They avoid dual relationships that may limit objectivity, whether theoretical, political, or monetary, so that interference with data, subjects, and milieu is kept to a minimum.
- B) As employees of an institution or agency, mental health counselors have the responsibility to remain alert to institutional pressures that may distort reports of counseling findings or use them in ways counter to the promotion of human welfare.
- C) When serving as members of governmental or other organizational bodies, mental health counselors remain accountable as individuals to the Code of Ethics of the American Mental Health Counselors Association.
- D) As teachers, mental health counselors recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship and objectivity by presenting counseling information fully and accurately, and by giving appropriate recognition to alternative viewpoints.
- E) As practitioners, mental health counselors know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They therefore remained fully cognizant of their impact and alert to personal, social, organizational, financial or political situations or pressures that might lead to the misuse of their influence.
- F) Mental health counselors provide reasonable and timely feedback to employees, trainees, supervisors, students, clients, and others whose work they may evaluate.

Principle 12 Private Practice

- A) A mental health counselor should assist, where permitted by legislation or judicial decision, the profession in fulfilling its duty to make counseling services available in private settings.
- B) In advertising services as a private practitioner, mental health counselors should advertise the services in such a manner so as to accurately inform the public as to services, expertise, profession, and techniques of counseling in a professional manner. Mental health counselors who assume an executive leadership role in the organization shall not permit their name to be used in professional notices during periods when not actively engaged in the private practice of counseling. Mental health counselors advertise the following: highest relevant degree, type and level of certification or license, and type and/or description of services or other relevant information. Such information should not contain false, inaccurate, misleading, partial, out of context, descriptive material or statements.
- C) Mental health counselors may join in partnership/corporation with other mental health counselors and/or other professionals provided that each mental health counselor of the partnership or corporation makes clear his/her separate specialties, buying name in compliance with the regulations of the locality.
- D) Mental health counselors have an obligation to withdraw from an employment relationship or a counseling relationship if it is believed that employment will result in violation of the Code of Ethics, if their mental capacity or physical condition renders it difficult to carry out an effective professional relationship, or if the mental health counselor is discharged by the client because the counseling relationship is no longer productive for the client.
- E) Mental health counselors should adhere and support the regulations for private practice in the locality where the services are offered.
- F) Mental health counselors refrain from attempts to utilize one's institutional affiliation to recruit clients for one's private practice. Mental health counselors are to refrain from offering their services in the private sector when they are employed by an institution in which this is prohibited by stated policy that reflects conditions of employment.

Principle 13 Public Statements

Mental health counselors in their professional roles may be expected or required to make public statements providing counseling information or professional opinions; or supply

information about the availability of counseling products and services. In making such statements, mental health counselors take into full account the limits and uncertainties of present counseling knowledge and techniques. They represent, as accurately and objectively as possible, their professional qualifications, expertise, affiliations, and functions, as well as those of the institutions or organizations with which the statements may be associated. All public statements, announcements of services, and promotional activities should serve the purpose of providing sufficient information to aid the consumer public in making informed judgements and choices on matters that concern it. When announcing professional counseling services, mental health counselors may describe or explain those services offered but may not evaluate as to their quality or uniqueness and do not allow for testimonials by implication. All public statements should be otherwise consistent with this Code of Ethics.

Principle 14 Internet On-Line Counseling

Mental health counselors engaged in delivery of services that involves the telephone, teleconferencing and the Internet in which these areas are generally recognized, standards for preparatory training do not yet exist. Mental health counselors take responsible steps to ensure the competence of their work and protect patients, clients, students, research participants and others from harm.

A) Confidentiality

Mental health counselors ensure that clients are provided sufficient information to adequately address and explain the limitations of computer technology in the counseling process in general and the difficulties of ensuring complete client confidentiality of information transmitted through electronic communications over the Internet through on-line counseling. Professional counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached in light of the law in both the state in which the client is located and the state in which the professional counselor is licensed. Mental health counselors shall become aware of the means for reporting and protecting suicidal clients in their locale. Mental health counselors shall become aware of the means for reporting homicidal clients in the client's jurisdiction.

B) Mental Health Counselor Identification

Mental health counselors provide a readily visible notice advising clients of the identities of all professional counselor(s) who will have access to the information transmitted by the client. Mental health counselors provide background information on all professional communications, including education, licensing and certification, and practice information.

C) Client Identification

Professional counselors identify clients, verify identities of clients, and obtain alternative methods of contacting clients in emergency situations.

D) Client Waiver

Mental health counselors require clients to execute client waiver agreements stating that the client acknowledges the limitations inherent in ensuring client confidentiality of information transmitted through on-line counseling and acknowledge the limitations that are inherent in a counseling process that is not provided face-to-face. Limited training in the area of on-line counseling must be explained and the client's informed consent must be secured.

E) Electronic Transfer of Client Information

Mental health counselors electronically transfer client confidential information to authorized third-party recipients only when both the professional counselor and the authorized recipient have "secure" transfer and acceptance communication capabilities; the recipient is able to effectively protect the confidentiality of the client's confidential information to be transferred; and the informed written consent of the client, acknowledging the limits of confidentiality, has been obtained.

F) Establishing the On-Line Counseling Relationship**1. Appropriateness of On-Line Counseling**

Mental health counselors develop an appropriate intake procedure for potential clients to determine whether on-line counseling is appropriate for the needs of the client. Mental health counselors warn potential clients that on-line counseling services may not be appropriate in certain situations and, to the extent possible, inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of on-line counseling services. Mental health counselors ensure that clients are intellectually, emotionally, and physically capable of using on-line counseling services, and of understanding the potential risks and/or limitations of such services.

2. Counseling Plans

Mental health counselors develop individual on-line counseling plans that are consistent with both the client's individual circumstances and the limitations of on-line counseling. Mental health counselors who determine that on-line counseling is inappropriate for the client should avoid entering into or immediately terminate the on-line counseling relationship and encourage the client to continue the counseling relationship through a traditional alternative method of counseling.

3. Boundaries of Competence

Mental health counselors provide on-line counseling services only in practice areas within their expertise. Mental health counselors do not provide services to clients in states where doing so would violate local licensure laws or regulations.

G) Legal Considerations

Mental health counselors confirm that the provision of on-line services are not prohibited by or otherwise violate any applicable state or local statutes, rules, regulations or ordinances, codes of professional membership organizations and certifying boards, and/or codes of state licensing boards.

Principle 15 Resolution of Ethical Problems

Neither the American Mental Health Counselors Association, its Board of Directors, nor its National Committee on Ethics investigate or adjudicate ethical complaints. In the event a member has his or her license suspended or revoked by an appropriate state licensure board, the AMHCA Board of Directors may then act in accordance with AMHCA's National By-Laws to suspend or revoke his or her membership.

Any member so suspended may apply for reinstatement upon the reinstatement of his or her licensure.

Appendix F

AAMFT Code of Ethics

Effective July 1, 2001

PREAMBLE

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.013 of the Association's By-laws, the Revised AAMFT Code of Ethics, effective July 1, 2001.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on Members of AAMFT in all membership categories, AAMFT-Approved

Supervisors, and applicants for membership and the Approved Supervisor designation (hereafter, AAMFT Member). AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current Procedures for Handling Ethical Matters of the AAMFT Ethics Committee. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT Member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the Member attempted to resign during the investigation.

PRINCIPLE I RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

- 1.1 Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic

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- status, disability, gender, health status, religion, national origin, or sexual orientation.
- 1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.
 - 1.3 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.
 - 1.4 Sexual intimacy with clients is prohibited.
 - 1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.
 - 1.6 Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.
 - 1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.
 - 1.8 Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.
 - 1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.
 - 1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.
 - 1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
 - 1.12 Marriage and family therapists obtain written informed consent from clients before video-taping, audio recording, or permitting third-party observation.
 - 1.13 Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

PRINCIPLE II CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

- 2.1 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.
- 2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment,

the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

- 2.3 Marriage and family therapist use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.
- 2.4 Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and are in accord with applicable laws and professional standards.
- 2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.
- 2.6 Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

PRINCIPLE III PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

- 3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.
- 3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.
- 3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
- 3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.
- 3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.
- 3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.
- 3.7 While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.
- 3.8 Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.
- 3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.
- 3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.
- 3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.
- 3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.
- 3.13 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.
- 3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation action may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.
- 3.15 Marriage and family therapists are in violation of this Code and subject to termination of membership

or other appropriate action if they; (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

PRINCIPLE IV RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

- 4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.
- 4.2 Marriage and family therapists do not provide therapy to current students or supervisees.
- 4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisees. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.
- 4.4 Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experiences, and competence.
- 4.5 Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Example of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

PRINCIPLE V RESPONSIBILITY TO RESEARCH PARTICIPANTS

Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.

- 5.1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
- 5.2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.
- 5.3 Investigators respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make

every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

- 5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

PRINCIPLE VI RESPONSIBILITY TO THE PROFESSION

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

- 6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.
- 6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- 6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.
- 6.4 Marriage and family therapists who are the authors of books or other materials that are published or distributed to not plagiarize or fail to cite persons to whom credit for original ideas or work is due.
- 6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

- 6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.
- 6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

PRINCIPLE VII FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

- 7.1 Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.
- 7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees; (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other changes.
- 7.3 Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.
- 7.4 Marriage and family therapists represents facts truthfully to clients, third-party payors, and supervisees regarding services rendered.
- 7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it, (b) the relationship is not exploitative, (c) the professional relationship

is not distorted, and (d) a clear written contract is established.

- 7.6 Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

PRINCIPLE VIII ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

- 8.1 Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.
- 8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include; (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.
- 8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.
- 8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
- 8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United State Department of Education; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.
- 8.6 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.
- 8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.
- 8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

This Code is published by:
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VIOLATIONS OF THIS CODE SHOULD BE
 SUBMITTED IN WRITING TO THE ATTENTION OF:
 AAMFT Ethics Committee
 1133 15th Street, NW, Suite 300
 Washington, DC 20005-2710
 TEL: (202) 452-0109
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Appendix G

National Board for Certified Counselors: Code of Ethics

PREAMBLE

The National Board for Certified Counselors (NBCC) is a professional certification board which certifies counselors as having met standards for the general and specialty practice of professional counseling established by the Board. The counselors certified by NBCC may identify with different professional associations and are often licensed by jurisdictions which promulgate codes of ethics. The NBCC code of ethics provides a minimal ethical standard for the professional behavior of all NBCC certificants. This code provides an expectation of and assurance for the ethical practice for all who use the professional services of an NBCC certificant. In addition, it serves the purpose of having an enforceable standard for all NBCC certificants and assures those served of some resource in case of a perceived ethical violation. This code is applicable to National Certified Counselors and those who are seeking certification from NBCC.

The NBCC Ethical Code applies to all those certified by NBCC regardless of any other professional affiliation. Persons who receive professional services from certified counselors may elect to use other ethical codes which apply to their counselor. Although NBCC cooperates with professional associations and credentialing organizations, it can bring actions to discipline or sanction NBCC certificants only if the provisions of the NBCC Code are found to have been violated.

The National Board for Certified Counselors, Inc. (NBCC) promotes counseling through certification. In pursuit of this mission, the NBCC:

- Promotes quality assurance in counseling practice
- Promotes the value of counseling

- Promotes public awareness of quality counseling practice
- Promotes professionalism in counseling
- Promotes leadership in credentialing

Section A: General

1. Certified counselors engage in continuous efforts to improve professional practices, services, and research. Certified counselors are guided in their work by evidence of the best professional practices.
2. Certified counselors have a responsibility to the clients they serve and to the institutions within which the services are performed. Certified counselors also strive to assist the respective agency, organization, or institution in providing competent and ethical professional services. The acceptance of employment in an institution implies that the certified counselor is in agreement with the general policies and principles of the institution. Therefore, the professional activities of the certified counselor are in accord with the objectives of the institution. If the certified counselor and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate counselor ethical practice that is conducive to client growth and development, the employment should be terminated. If the situation warrants further action, the certified counselor should work through professional organizations to have the unethical practice changed.

3. Ethical behavior among professional associates (i.e., both certified and non-certified counselors) must be expected at all times. When a certified counselor has doubts as to the ethical behavior of professional colleagues, the certified counselor must take action to attempt to rectify this condition. Such action uses the respective institution's channels first and then uses procedures established by the NBCC or the perceived violator's profession.
4. Certified counselors must refuse remuneration for consultation or counseling with persons who are entitled to these services through the certified counselor's employing institution or agency. Certified counselors must not divert to their private practices, without the mutual consent of the institution and the client, legitimate clients in their primary agencies or the institutions with which they are affiliated.
5. In establishing fees for professional counseling services, certified counselors must consider the financial status of clients. In the event that the established fee status is inappropriate for a client, assistance must be provided in finding comparable services at acceptable cost.
6. Certified counselors offer only professional services for which they are trained or have supervised experience. No diagnosis, assessment, or treatment should be performed without prior training or supervision. Certified counselors are responsible for correcting any misrepresentations of their qualifications by others.
7. Certified counselors recognize their limitations and provide services or use techniques for which they are qualified by training and/or supervision. Certified counselors recognize the need for and seek continuing education to assure competent services.
8. Certified counselors are aware of the intimacy in the counseling relationship and maintain respect for the client. Counselors must not engage in activities that seek to meet their personal or professional needs at the expense of the client.
9. Certified counselors must insure that they do not engage in personal, social, organizational, financial, or political activities which might lead to a misuse of their influence.
10. Sexual intimacy with clients is unethical. Certified counselors will not be sexually, physically, or romantically intimate with clients, and they will not engage in sexual, physical, or romantic intimacy with clients within a minimum of two years after terminating the counseling relationship.
11. Certified counselors do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.
12. Through an awareness of the impact of stereotyping and unwarranted discrimination (e.g., biases based on age, disability, ethnicity, gender, race, religion, or sexual orientation), certified counselors guard the individual rights and personal dignity of the client in the counseling relationship.
13. Certified counselors are accountable at all times for their behavior. They must be aware that all actions and behaviors of the counselor reflect on professional integrity and, when inappropriate, can damage the public trust in the counseling profession. To protect public confidence in the counseling profession, certified counselors avoid behavior that is clearly in violation of accepted moral and legal standards.
14. Products or services provided by certified counselors by means of classroom instruction, public lectures, demonstration, written articles, radio or television programs or other types of media must meet the criteria cited in this code.
15. Certified counselors have an obligation to withdraw from the practice of counseling if they violate the Code of Ethics, or if the mental or physical condition of the certified counselor renders it unlikely that a professional relationship will be maintained.
16. Certified counselors must comply with all NBCC policies, procedures and agreements, including all information disclosure requirements.

Section B: Counseling Relationship

1. The primary obligation of certified counselors is to respect the integrity and promote the welfare of clients, whether they are assisted individually, in family units, or in group counseling. In a group setting, the certified counselor is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.
2. Certified counselors know and take into account the traditions and practices of other professional disciplines with whom they work and cooperate fully with such. If a person is receiving similar services from another professional, certified counselors do not offer their own services directly to such a person. If a certified counselor is contacted by a person who is already receiving simi-

lar services from another professional, the certified counselor carefully considers that professional relationship as well as the client's welfare and proceeds with caution and sensitivity to the therapeutic issues. When certified counselors learn that their clients are in a professional relationship with another counselor or mental health professional, they request release from the clients to inform the other counselor or mental health professional of their relationship with the client and strive to establish positive and collaborative professional relationships that are in the best interest of the client. Certified counselors discuss these issues with clients and the counselor or professional so as to minimize the risk of confusion and conflict and encourage clients to inform other professionals of the new professional relationship.

3. Certified counselors may choose to consult with any other professionally competent person about a client and must notify clients of this right. Certified counselors avoid placing a consultant in a conflict-of-interest situation that would preclude the consultant serving as a proper party to the efforts of the certified counselor to help the client.
4. When a client's condition indicates that there is a clear and imminent danger to the client or others, the certified counselor must take reasonable action to inform potential victims and/or inform responsible authorities. Consultation with other professionals must be used when possible. The assumption of responsibility for the client's behavior must be taken only after careful deliberation, and the client must be involved in the resumption of responsibility as quickly as possible.
5. Records of the counseling relationship, including interview notes, test data, correspondence, audio or visual tape recordings, electronic data storage, and other documents are to be considered professional information for use in counseling. Records should contain accurate factual data. The physical records are property of the certified counselors or their employers. The information contained in the records belongs to the client and therefore may not be released to others without the consent of the client or when the counselor has exhausted challenges to a court order. The certified counselors are responsible to insure that their employees handle confidential information appropriately. Confidentiality must be maintained during the storage and disposition of records. Records should be maintained for a period of at least five (5) years after the last counselor/client contact, including cases in which the client is deceased. All records must be released to the client upon request.
6. Certified counselors must ensure that data maintained in electronic storage are secure. By using the best computer security methods available, the data must be limited to information that is appropriate and necessary for the services being provided and accessible only to appropriate staff members involved in the provision of services. Certified counselors must also ensure that the electronically stored data are destroyed when the information is no longer of value in providing services or required as part of clients' records.
7. Any data derived from a client relationship and used in training or research shall be so disguised that the informed client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and uncoerced consent.
8. When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potentials risks and benefits of services to be performed, and clearly indicate limitations that may affect the relationship as well as any other pertinent information. Counselors take reasonable steps to ensure that clients understand the implications of any diagnosis, the intended use of tests and reports, methods of treatment and safety precautions that must be taken in their use, fees, and billing arrangements.
9. Certified counselors who have an administrative, supervisory and/or evaluative relationship with individuals seeking counseling services must not serve as the counselor and should refer the individuals to other professionals. Exceptions are made only in instances where an individual's situation warrants counseling intervention and another alternative is unavailable. Dual relationships that might impair the certified counselor's objectivity and professional judgment must be avoided and/or the counseling relationship terminated through referral to a competent professional.
10. When certified counselors determine an inability to be of professional assistance to a potential or existing client, they must, respectively, not initiate the counseling relationship or immediately terminate the relationship. In either event, the certified counselor must suggest appropriate alternatives. Certified counselors must be knowledgeable about referral resources so that a satisfactory referral can be initiated. In the event that the client declines a suggested referral, the certified counselor is not obligated to continue the relationship.

11. When certified counselors are engaged in intensive, short-term counseling, they must ensure that professional assistance is available at normal costs to clients during and following the short-term counseling.
12. Counselors using electronic means in which counselor and client are not in immediate proximity must present clients with local sources of care before establishing a continued short or long-term relationship. Counselors who communicate with clients via Internet are governed by NBCC standards for Web Counseling.
13. Counselors must document permission to practice counseling by electronic means in all governmental jurisdictions where such counseling takes place.
14. When electronic data and systems are used as a component of counseling services, certified counselors must ensure that the computer application, and any information it contains, is appropriate for the respective needs of clients and is non-discriminatory. Certified counselors must ensure that they themselves have acquired a facilitation level of knowledge with any system they use including hands-on application, and understanding of the uses of all aspects of the computer-based system. In selecting and/or maintaining computer-based systems that contain career information, counselors must ensure that the system provides current, accurate, and locally relevant information. Certified counselors must also ensure that clients are intellectually, emotionally, and physically compatible with computer applications and understand their purpose and operation. Client use of a computer application must be evaluated to correct possible problems and assess subsequent needs.
15. Certified counselors who develop self-help/stand-alone computer software for use by the general public, must first ensure that it is designed to function in a stand-alone manner that is appropriate and safe for all clients for which it is intended. A manual is required. The manual must provide the user with intended outcomes, suggestions for using the software, descriptions of inappropriately used applications, and descriptions of when and how other forms of counseling services might be beneficial. Finally, the manual must include the qualifications of the developer, the development process, validation date, and operating procedures.
16. The counseling relationship and information resulting from it remains confidential, consistent with the legal and ethical obligations of certified counselors. In group counseling, counselors

clearly define confidentiality and the parameters for the specific group being entered, explain the importance of confidentiality, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members. However, counselors should give assurance about their professional responsibility to keep all group communications confidential.

17. Certified counselors must screen prospective group counseling participants to ensure compatibility with group objectives. This is especially important when the emphasis is on self-understanding and growth through self-disclosure. Certified counselors must maintain an awareness of the welfare of each participant throughout the group process.

Section C: Counselor Supervision

NCCs who offer and/or provide supervision must:

- (a). Ensure that they have the proper training and supervised experience through contemporary continuing education and/or graduate training
- (b). Ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization
- (c). Ensure that supervisees are aware of the current ethical standards related to their professional practice
- (d). Ensure that supervisees are informed about the process of supervision, including supervision goals, paradigms of supervision and the supervisor's preferred research-based supervision paradigm(s)
- (e). Provide supervisees with agreed upon scheduled feedback as part of an established evaluation plan (e.g., one [1] hour per week)
- (f). Ensure that supervisees inform their clients of their professional status (i.e., trainee, intern, licensed, non-licensed, etc.)
- (g). Establish procedures with their supervisees for handling crisis situations
- (h). Render timely assistance to supervisees who are or may be unable to provide competent counseling services to clients and
- (i). Intervene in any situation where the supervisee is impaired and the client is at risk

In addition, because supervision may result in a dual relationship between the supervisor and the supervisee, the supervisor is responsible for ensuring that any dual relationship is properly managed.

Section D: Measurement and Evaluation

1. Because many types of assessment techniques exist, certified counselors must recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training or supervision.
2. Certified counselors who utilize assessment instruments to assist them with diagnoses must have appropriate training and skills in educational and psychological measurement, validation criteria, test research, and guidelines for test development and use.
3. Certified counselors must provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be made known to an examinee prior to testing.
4. In selecting assessment instruments or techniques for use in a given situation or with a particular client, certified counselors must carefully evaluate the specific theoretical bases and characteristics, validity, reliability and appropriateness of the instrument.
5. When making statements to the public about assessment instruments or techniques, certified counselors must provide accurate information and avoid false claims or misconceptions concerning the meaning of the instrument's reliability and validity terms.
6. Counselors must follow all directions and researched procedures for selection, administration and interpretation of all evaluation instruments and use them only within proper contexts.
7. Certified counselors must be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments.
8. Certified counselors must proceed with caution when attempting to evaluate and interpret performances of any person who cannot be appropriately compared to the norms for the instrument.
9. Because prior coaching or dissemination of test materials can invalidate test results, certified counselors are professionally obligated to maintain test security.
10. Certified counselors must consider psychometric limitations when selecting and using an instrument,

and must be cognizant of the limitations when interpreting the results. When tests are used to classify clients, certified counselors must ensure that periodic review and/or retesting are made to prevent client stereotyping.

11. An examinee's welfare, explicit prior understanding, and consent are the factors used when determining who receives the test results. Certified counselors must see that appropriate interpretation accompanies any release of individual or group test data (e.g., limitations of instrument and norms).
12. Certified counselors must ensure that computer-generated test administration and scoring programs function properly thereby providing clients with accurate test results.
13. Certified counselors who develop computer-based test interpretations to support the assessment process must ensure that the validity of the interpretations is established prior to the commercial distribution of the computer application.
14. Certified counselors recognize that test results may become obsolete, and avoid the misuse of obsolete data.
15. Certified counselors must not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law.

Section E: Research and Publication

1. Certified counselors will adhere to applicable legal and professional guidelines on research with human subjects.
2. In planning research activities involving human subjects, certified counselors must be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design, and execution are in full compliance with any pertinent institutional or governmental regulations.
3. The ultimate responsibility for ethical research lies with the principal researcher, although others involved in the research activities are ethically obligated and responsible for their own actions.
4. Certified counselors who conduct research with human subjects are responsible for the welfare of the subjects throughout the experiment and must take all reasonable precautions to avoid causing injurious psychological, physical, or social effects on their subjects.

5. Certified counselors who conduct research must abide by the basic elements of informed consent:
 - a. fair explanation of the procedures to be followed, including an identification of those which are experimental
 - b. description of the attendant discomforts and risks
 - c. description of the benefits to be expected
 - d. disclosure of appropriate alternative procedures that would be advantageous for subjects with an offer to answer any inquiries concerning the procedures
 - e. an instruction that subjects are free to withdraw their consent and to discontinue participation in the project or activity at any time
6. When reporting research results, explicit mention must be made of all the variables and conditions known to the investigator that may have affected the outcome of the study or the interpretation of the data.
7. Certified counselors who conduct and report research investigations must do so in a manner that minimizes the possibility that the results will be misleading.
8. Certified counselors are obligated to make available sufficient original research data to qualified others who may wish to replicate the study.
9. Certified counselors who supply data, aid in the research of another person, report research results, or make original data available, must take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.
10. When conducting and reporting research, certified counselors must be familiar with and give recognition to previous work on the topic, must observe all copyright laws, and must follow the principles of giving full credit to those to whom credit is due.
11. Certified counselors must give due credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed to the research and/or publication, in accordance with such contributions.
12. Certified counselors should communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, or vested interests must not be withheld.
13. Certified counselors who agree to cooperate with another individual in research and/or publication

incur an obligation to cooperate as promised in terms of punctuality of performance and with full regard to the completeness and accuracy of the information required.

14. Certified counselors must not submit the same manuscript, or one essentially similar in content, for simultaneous publication consideration by two or more journals. In addition, manuscripts that have been published in whole or substantial part should not be submitted for additional publication without acknowledgment and permission from any previous publisher.

Section F: Consulting

Consultation refers to a voluntary relationship between a professional helper and a help-needing individual, group, or social unit in which the consultant is providing help to the client(s) in defining and solving a work-related problem or potential work-related problem with a client or client system.

1. Certified counselors, acting as consultants, must have a high degree of self awareness of their own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship must be on the issues to be resolved and not on the person(s) presenting the problem.
2. In the consulting relationship, the certified counselor and client must understand and agree upon the problem definition, subsequent goals, and predicted consequences of interventions selected.
3. Certified counselors acting as consultants must be reasonably certain that they, or the organization represented, have the necessary competencies and resources for giving the kind of help that is needed or that may develop later, and that appropriate referral resources are available.
4. Certified counselors in a consulting relationship must encourage and cultivate client adaptability and growth toward self-direction. Certified counselors must maintain this role consistently and not become a decision maker for clients or create a future dependency on the consultant.

Section G: Private Practice

1. In advertising services as a private practitioner, certified counselors must advertise in a manner that accurately informs the public of the professional services, expertise, and techniques of counseling available.

2. Certified counselors who assume an executive leadership role in a private practice organization do not permit their names to be used in professional notices during periods of time when they are not actively engaged in the private practice of counseling unless their executive roles are clearly stated.
3. Certified counselors must make available their highest degree (described by discipline), type and level of certification and/or license, address, telephone number, office hours, type and/or description of services, and other relevant information. Listed information must not contain false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive material or statements.
4. Certified counselors who are involved in a partnership/corporation with other certified counselors and/or other professionals must clearly specify all relevant specialties of each member of the partnership or corporation.

Appendix: Certification Examination

Applicants for the NBCC Certification Examinations must have fulfilled all current eligibility requirements, and are responsible for the accuracy and validity of all information

and/or materials provided by themselves or by others for fulfillment of eligibility criteria.

Approved on July 1, 1982, Amended on February 21, 1987, January 6, 1989, October 31, 1997, June 21, 2002, February 4, 2005, and October 8, 2005.

Acknowledgment

Reference documents, statements, and sources for development of the NBCC Code of Ethics were as follows: The Ethical Standards of the American Counseling Association, Responsible Uses for Standardized Testing (AAC), codes of ethics of the American Psychological Association and the National Career Development Association, Handbook of Standards for Computer-Based Career Information Systems (Association of Computer-based Systems for Career Information, ACSCI) and Guidelines for the Use of Computer Based Information and Guidance Systems (Association of Computer-based Systems for Career Information, ACSCI).

Appendix H

Guidelines for the Use of the Internet for Provision of Career Information and Planning Services

Approved by the NCDA Board of Directors, October 1997. Developed by members of the Ethics Committee of the National Career Development Association:

Dr. David Caulum, Don Doerr, Dr. Pat Howland, Dr. Spencer Niles,
Dr. Ray Palmer, Dr. Richard Pyle (Chair), Dr. David Reile,
Dr. James Sampson, and Dr. Don Schutt

INTRODUCTION

Based on readily-available capabilities at the time of this writing, the Internet could be used in four ways for the purpose of providing career counseling and/or career planning services to clients. These are:

1. To deliver information about occupations, including their descriptions, employment outlook, skills requirements, estimated salary, etc. through text, still images, graphics, and/or video. In this event, the standards for information development and presentation are the same as those for print materials and audiovisual materials as stated in NCDA's documents on these matters.
2. To provide online searches of occupational databases for the purpose of identifying feasible occupational alternatives. In this event, the standards developed by NCDA and the Association of Computer-based Systems for Career Information (ACSCI) apply.
3. To deliver interactive career counseling and career planning services. This use assumes that clients, either as individuals or as part of a group, have intentionally placed themselves in direct communication with a professional career counselor. Standards for use of the Internet for these purposes are addressed in this document.
4. To provide searches through large databases of job openings for the purpose of identifying those that

the user may pursue. Guidelines for this application are included in this document.

GUIDELINES FOR USE OF THE INTERNET FOR DELIVERY OF CAREER COUNSELING AND CAREER PLANNING SERVICES

"Career planning services" are differentiated from "career counseling" services. Career planning services include an active provision of information designed to help a client with a specific need, such as review of a resumé; assistance in networking strategies; identification of occupations based on interests, skills, or prior work experience; support in the job-seeking process; and assessment by means of online inventories of interest, abilities, and/or work-related values. Although "Career Counseling" may include the provision of the above services, the use of the term implies a deeper level of involvement with the client, based on the establishment of a professional counseling relationship and the potential for dealing with career development concerns well beyond those included in career planning.

Multiple means of online provision of career planning or career counseling services currently exist, the most common of which are e-mail, newsgroups, bulletin boards, chat rooms, and websites offering a wide variety of services. Telephone or audiovisual linkages supported by the Internet exist in their infancy, and will likely grow in potential as the technology improves and the costs decline.

Source: Reprinted through permission from the National Career Development Association (NCDA). The Internet Resources are copyrighted by NCDA.

1. Qualifications of Developer or Provider

Websites and other services designed to assist clients with career planning should be developed with content input from professional career counselors. The service should clearly state the qualifications and credentials of the developers not only in the content area of professional career counseling, but also in the development of interactive online services.

2. Access and Understanding of Environment

The counselor has an obligation to be aware of free public access points to the Internet within the member's community, so that a lack of financial resources does not create a significant barrier to clients accessing counseling services or information, assessment or instructional resources over the internet.

The counselor has an obligation to be as aware as possible of local conditions, cultures, and events that may impact the client.

3. Content of Career Counseling and Planning Services on the Internet

The content of a website or other service offering career information or planning services should be reviewed for the appropriateness of content offered in this medium. Some kinds of content have been extensively tested for online delivery due to the long existence of computer-based career information and guidance systems. This includes searching of databases by relevant search variables; display of occupational information; development of a resumé; assessment of interests, abilities, and work-related values and linkage of these to occupational titles; instruction about occupational classification systems; relationship of school majors to occupational choices; and the completion of forms such as a financial needs assessment questionnaire or a job application.

When a website offers a service which has not previously been extensively tested (such as computer-based career guidance and information systems), this service should be carefully scrutinized to determine whether it lends itself to the Internet. The website should clearly state the kinds of client concerns that the counselor judges to be inappropriate for counseling over the Internet, or beyond the skills of the counselor.

4. Appropriateness of Client for Receipt of Services via the Internet

The counselor has an ethical and professional responsibility to assure that the client who is requesting service

can profit from it in this mode. Appropriate screening includes the following:

- (a) A clear statement by clients of their career planning or career counseling needs.
- (b) An analysis by the counselor of whether meeting those needs via Internet exchange is appropriate and of whether this particular client can benefit from counseling services provided in this mode. A judgment about the latter should be made by means of a telephone or videophone teleconference designed to specify the client's expectations, how the client has sought to meet these through other modes, and whether or not the client appears to be able to process information through an Internet medium.

5. Appropriate Support to the Client

The counselor who is providing services to a client via the Internet has ethical responsibility for the following:

- (a) Periodic monitoring of the client's progress via telephone or videophone teleconference.
- (b) Identification by the counselor of a qualified career counselor in the client's geographic area should referral become necessary. If this is not possible, the web counselor using traditional referral sources to identify an appropriate practitioner, should assist the client in the selection of a counselor.
- (c) Appropriate discussion with the client about referral to face-to-face service should the counselor determine that little or no progress is being made toward the client's goals.

6. Clarity of Contract with the Client

The counselor should define several items in writing to the client in a document that can be downloaded from the Internet or faxed to the client. This document should include at least the following items:

- (a) The counselor's credentials in the field.
- (b) The agreed-upon goals of the career counseling or career planning Internet interchange.
- (c) The agreed-upon cost of the services and how this will be billed.
- (d) Where and how clients can report any counselor behavior which they consider to be unethical.
- (e) Statement about the degree of security of the Internet and confidentiality of data transmitted on the Internet and about any special conditions related to the client's personal information (such as potential transmission of client records to a supervisor for quality-control purposes, or the collection of data for research purposes).
- (f) A statement of the nature of client information electronically stored by the counselor, including the length of time that data will be maintained before being destroyed.

- (g) A statement about the need for privacy when the client is communicating with the counselor, e.g., that client communication with the counselor is not limited by having others observe or hear interactions between the counselor and client.
- (h) If the service includes career, educational, or employment information, the counselor is responsible for making the client aware of the typical circumstances where individuals need counseling support in order to effectively use the information.

7. Inclusion of Linkages to Other Websites

If a career information or counseling website includes links to other websites, the professional who creates this linkage is responsible for assuring that the services to which his or hers are linked also meet these guidelines.

8. Use of Assessment

If the career planning or career counseling service is to include online inventories or tests and their interpretation, the following conditions should apply:

- (a) The assessments must have been tested in computer delivery mode to assure that their psychometric properties are the same in this mode of delivery as in print form; or the client must be informed that they have not yet been tested in this same mode of delivery.
- (b) The counselor must abide by the same ethical guidelines as if he or she were administering and interpreting these same inventories or tests in face-to-face mode and/or in print form.
- (c) Every effort must be exerted to protect the confidentiality of the user's results.
- (d) If there is any evidence that the client does not understand the results, as evidenced by e-mail or telephone interchanges, the counselor must refer the client to a qualified career counselor in his or her geographic area.
- (e) The assessments must have been validated for self-help use if no counseling support is provided, or that appropriate counseling intervention is provided before and after completion of the assessment resource if the resource has not been validated for self-help use.

PROFESSIONAL AND ETHICAL GUIDELINES RELATED TO THE USE OF THE INTERNET FOR JOB POSTING AND SEARCHING

- 1. The posting must represent a valid job opening for which those searching on the Internet have an opportunity to apply.

- 2. Job postings must be removed from the Internet database within 48 hours of the time that the announced position is filled.
- 3. Names, addresses, resumes, and other information that may be gained about individuals should not be used for any purposes other than provision of further information about job openings.

UNACCEPTABLE COUNSELOR BEHAVIORS ON THE INTERNET

- 1. Use of a false e-mail identity when interacting with clients and/or other professionals. When acting in a professional capacity on the Internet, a counselor has a duty to identify him/herself honestly.
- 2. Accepting a client who will not identify him/herself and be willing to arrange for phone conversation as well as online interchange.
- 3. "Sharking" or monitoring chat rooms and bulletin board services, and offering career planning and related services when no request has been made for services. This includes sending out mass unsolicited e-mails. Counselors may advertise their services but must do so observing proper "netiquette" and standards of professional conduct.

NEED FOR RESEARCH AND REVIEW

Since the use of the Internet is new for the delivery of career planning and counseling services, it is mandatory that the career counseling profession gain experience with this medium and evaluate its effectiveness through targeted research. The capabilities of Internet delivery of services will expand rapidly as the use of sound and video becomes more feasible. These early guidelines will need constant monitoring and revision as research data become available and additional capabilities become cost-feasible.

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Appendix I

The Practice of Internet Counseling

This document contains a statement of principles for guiding the evolving practice of Internet counseling. In order to provide a context for these principles, the following definition of Internet counseling, which is one element of technology-assisted distance counseling, is provided. The Internet counseling standards follow the definitions presented below.

A TAXONOMY FOR DEFINING FACE-TO-FACE AND TECHNOLOGY-ASSISTED DISTANCE COUNSELING

The delivery of technology-assisted distance counseling continues to grow and evolve. Technology assistance in the form of computer-assisted assessment, computer-assisted information systems, and telephone counseling has been available and widely used for some time. The rapid development and use of the Internet to deliver information and foster communication has resulted in the creation of new forms of counseling. Developments have occurred so rapidly that it is difficult to communicate a common understanding of these new forms of counseling practice.

The purpose of this document is to create standard definitions of technology-assisted distance counseling that can be easily updated in response to evolutions in technology and practice. A definition of traditional face-to-face counseling is also presented to show similarities and differences with respect to various applications of technology in counseling. A taxonomy of forms of counseling is also presented to further clarify how technology relates to counseling practice.

NATURE OF COUNSELING

Counseling is the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology.

Depending on the needs of the client and the availability of services, counseling may range from a few brief interactions in a short period of time, to numerous interactions over an extended period of time. Brief interventions, such as classroom discussions, workshop presentations, or assistance in using assessment, information, or instructional resources, may be sufficient to meet individual needs. Or, these brief interventions may lead to longer-term counseling interventions for individuals with more substantial needs. Counseling may be delivered by a single counselor, two counselors working collaboratively, or a single counselor with brief assistance from another counselor who has specialized expertise that is needed by the client.

FORMS OF COUNSELING

Counseling can be delivered in a variety of forms that share the definition presented above. Forms of counseling differ with respect to participants, delivery location, communication medium, and interaction process. Counseling *participants* can be **individuals, couples, or groups**. The *location* for counseling delivery can be **face-to-face or at a distance** with the assistance of technology. The *communication medium* for

counseling can be what is **read** from text, what is **heard** from audio, or what is **seen** and heard in person or from video. The *interaction process* for counseling can be **synchronous** or **asynchronous**. Synchronous interaction occurs with little or no gap in time between the responses of the counselor and the client. Asynchronous interaction occurs with a gap in time between the responses of the counselor and the client.

The selection of a specific form of counseling is based on the needs and preferences of the client within the range of services available. Distance counseling supplements face-to-face counseling by providing increased access to counseling on the basis of **necessity** or **convenience**. Barriers, such as being a long distance from counseling services, geographic separation of a couple, or limited physical mobility as a result of having a disability, can make it **necessary** to provide counseling at a distance. Options, such as scheduling counseling sessions outside of traditional service delivery hours or delivering counseling services at a place of residence or employment, can make it more **convenient** to provide counseling at a distance.

A Taxonomy of Forms of Counseling Practice

Table 1 presents a taxonomy of currently available forms of counseling practice. This schema is intended to show the relationships among counseling forms.

TABLE 1 A Taxonomy of Face-To-Face and Technology-Assisted Distance Counseling

<i>Counseling</i>
• Face-To-Face Counseling • Individual Counseling • Couple Counseling • Group Counseling • Technology-Assisted Distance Counseling • Telecounseling • Telephone-Based Individual Counseling • Telephone-Based Couple Counseling • Telephone-Based Group Counseling • Internet Counseling • E-Mail-Based Individual Counseling • Chat-Based Individual Counseling • Chat-Based Couple Counseling • Chat-Based Group Counseling • Video-Based Individual Counseling • Video-Based Couple Counseling • Video-Based Group Counseling

DEFINITIONS

Counseling is the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology.

Face-to-face counseling for individuals, couples, and groups involves synchronous interaction between and among counselors and clients using what is seen and heard in person to communicate.

Technology-assisted distance counseling for individuals, couples, and groups involves the use of the telephone or the computer to enable counselors and clients to communicate at a distance when circumstances make this approach necessary or convenient.

Telecounseling involves synchronous distance interaction among counselors and clients using one-to-one or conferencing features of the telephone to communicate.

Telephone-based individual counseling involves synchronous distance interaction between a counselor and a client using what is heard via audio to communicate.

Telephone-based couple counseling involves synchronous distance interaction among a counselor or counselors and a couple using what is heard via audio to communicate.

Telephone-based group counseling involves synchronous distance interaction among counselors and clients using what is heard via audio to communicate.

Internet counseling involves asynchronous and synchronous distance interaction among counselors and clients using e-mail, chat, and videoconferencing features of the Internet to communicate.

E-mail-based individual Internet counseling involves asynchronous distance interaction between counselor and client using what is read via text to communicate.

Chat-based individual Internet counseling involves synchronous distance interaction between counselor and client using what is read via text to communicate.

Chat-based couple Internet counseling involves synchronous distance interaction among a counselor or counselors and a couple using what is read via text to communicate.

Chat-based group Internet counseling involves synchronous distance interaction among counselors and clients using what is read via text to communicate.

Video-based individual Internet counseling involves synchronous distance interaction between counselor and client using what is seen and heard via video to communicate.

Video-based couple Internet counseling involves synchronous distance interaction among a counselor or counselors and a couple using what is seen and heard via video to communicate.

Video-based group Internet counseling involves synchronous distance interaction among counselors and clients using what is seen and heard via video to communicate.

STANDARDS FOR THE ETHICAL PRACTICE OF INTERNET COUNSELING

These standards govern the practice of Internet counseling and are intended for use by counselors, clients, the public, counselor educators, and organizations that examine and deliver Internet counseling. These standards are intended to address practices that are unique to Internet counseling and Internet counselors and do not duplicate principles found in traditional codes of ethics.

These Internet counseling standards of practice are based upon the principles of ethical practice embodied in the NBCC Code of Ethics. Therefore, these standards should be used in conjunction with the most recent version of NBCC ethical code. Related content in the NBCC Code are indicated in parentheses after each standard.

Recognizing that significant new technology emerges continuously, these standards should be reviewed frequently. It is also recognized that Internet counseling ethics cases should be reviewed in light of delivery systems existing at the moment rather than at the time the standards were adopted.

In addition to following the NBCC® Code of Ethics pertaining to the practice of professional counseling, Internet counselors shall observe the following standards of practice:

Internet Counseling Relationship

1. In situations where it is difficult to verify the identity of the Internet client, steps are taken to address impostor concerns, such as by using code words or numbers.
2. Internet counselors determine if a client is a minor and therefore in need of parent/guardian consent. When parent/guardian consent is required to provide Internet counseling to minors, the identity of the consenting person is verified.
3. As part of the counseling orientation process, the Internet counselor explains to clients the procedures for contacting the Internet counselor when he or she is off-line and, in the case of asynchronous counseling, how often e-mail messages will be checked by the Internet counselor.
4. As part of the counseling orientation process, the Internet counselor explains to clients the possibility of technology failure and discusses alternative modes of communication, if that failure occurs.
5. As part of the counseling orientation process, the Internet counselor explains to clients how to cope with potential misunderstandings when visual cues do not exist.
6. As a part of the counseling orientation process, the Internet counselor collaborates with the Internet client to identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. The Internet counselor and Internet client should also collaborate to determine the local crisis hotline telephone number and the local emergency telephone number.
7. The Internet counselor has an obligation, when appropriate, to make clients aware of free public access points to the Internet within the community for accessing Internet counseling or Web-based assessment, information, and instructional resources.
8. Within the limits of readily available technology, Internet counselors have an obligation to make their Web site [sic] a barrier-free environment to clients with disabilities.
9. Internet counselors are aware that some clients may communicate in different languages, live in different time zones, and have unique cultural perspectives. Internet counselors are also aware that local conditions and events may impact the client.

Confidentiality in Internet Counseling

10. The Internet counselor informs Internet clients of encryption methods being used to help insure the security of client/counselor/supervisor communications.
Encryption methods should be used whenever possible. If encryption is not made available to clients, clients must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include unauthorized monitoring of transmissions and/or records of Internet counseling sessions.
11. The Internet counselor informs Internet clients if, how, and how long session data are being preserved. Session data may include Internet counselor/Internet client e-mail, test results, audio/video

session recordings, session notes, and counselor/supervisor communications. The likelihood of electronic sessions being preserved is greater because of the ease and decreased costs involved in recording. Thus, its potential use in supervision, research, and legal proceedings increases.

12. Internet counselors follow appropriate procedures regarding the release of information for sharing Internet client information with other electronic sources.

Because of the relative ease with which e-mail messages can be forwarded to formal and casual referral sources, Internet counselors must work to insure the confidentiality of the Internet counseling relationship.

Legal Considerations, Licensure, and Certification

13. Internet counselors review pertinent legal and ethical codes for guidance on the practice of Internet counseling and supervision.

Local, state, provincial, and national statutes as well as codes of professional membership organizations, professional certifying bodies, and state or provincial licensing boards need to be reviewed. Also, as varying state rules and opinions exist on questions pertaining to whether Internet counseling takes place in the Internet counselor's location or the Internet client's location, it is important to review codes in the counselor's home jurisdiction as well as the client's. Internet counselors also consider carefully local customs regarding age of consent and child abuse reporting, and liability insurance policies need to be reviewed to determine if the practice of Internet counseling is a covered activity.

14. The Internet counselor's website provides links to websites of all appropriate certification bodies and licensure boards to facilitate consumer protection.

Appendix J

Career Counseling Competencies

Revised Version, 1997

- Introduction to Career Counseling Competency Statements
- Minimum Competencies
- Professional Preparation
- Ethical Responsibilities
- Career Counseling Competencies and Performance Indicators
 - Career Development Theory
 - Individual and Group Counseling Skills
 - Individual/Group Assessment
 - Information/Resources
 - Program Promotion, Management, and Implementation
 - Coaching, Consultation, and Performance Improvement
 - Diverse Populations
 - Supervision
 - Ethical/Legal Issues
 - Research/Evaluation
 - Technology

INTRODUCTION TO CAREER COUNSELING COMPETENCY STATEMENTS

These competency statements are for those professionals interested and trained in the field of career counseling. For the purpose of these statements, career counseling is defined as the process of assisting individuals in the development of a

life-career with focus on the definition of the worker role and how that role interacts with other life roles.

NCDA's Career Counseling Competencies are intended to represent minimum competencies for those professionals at or above the Master's degree level of education. These competencies are reviewed on an ongoing basis by the NCDA Professional Standards Committee, the NCDA Board, and other relevant associations.

Professional competency statements provide guidance for the minimum competencies necessary to perform effectively a particular occupation or job within a particular field. Professional career counselors (Master's degree or higher) or persons in career development positions must demonstrate the knowledge and skills for a specialty in career counseling that the generalist counselor might not possess. Skills and knowledge are represented by designated competency areas, which have been developed by professional career counselors and counselor educators. The Career Counseling Competency Statements can serve as a guide for career counseling training programs or as a checklist for persons wanting to acquire or to enhance their skills in career counseling.

MINIMUM COMPETENCIES

In order to work as a professional engaged in Career Counseling, the individual must demonstrate minimum competencies in 11 designated areas. These 11 areas are: Career Development Theory, Individual and Group Counseling Skills, Individual/Group Assessment, Information/Resources, Program Management and Implementation, Consultation,

Source: From the National Career Development Association (1997). *NCDA Career Counseling Competencies—Revised Version*. Copyright © 1997 by the National Career Development Association. Reprinted by permission. The Internet Resources are copyrighted by NCDA.

Diverse Populations, Supervision, Ethical/Legal Issues, Research/Evaluation, and Technology. These areas are briefly defined as follows:

- *Career Development Theory*: Theory base and knowledge considered essential for professionals engaging in career counseling and development.
- *Individual and Group Counseling Skills*: Individual and group counseling competencies considered essential for effective career counseling.
- *Individual/Group Assessment*: Individual/group assessment skills considered essential for professionals engaging in career counseling.
- *Information/Resources*: Information/resource base and knowledge essential for professionals engaging in career counseling.
- *Program Promotion, Management and Implementation*: Skills necessary to develop, plan, implement, and manage comprehensive career development programs in a variety of settings.
- *Coaching, Consultation, and Performance Improvement*: Knowledge and skills considered essential in enabling individuals and organizations to impact effectively upon the career counseling and development process.
- *Diverse Populations*: Knowledge and skills considered essential in providing career counseling and development processes to diverse populations.
- *Supervision*: Knowledge and skills considered essential in critically evaluating counselor performance, maintaining and improving professional skills, and seeking assistance for others when needed in career counseling.
- *Ethical/Legal Issues*: Information base and knowledge essential for the ethical and legal practice of career counseling.
- *Research/Evaluation*: Knowledge and skills considered essential in understanding and conducting research and evaluation in career counseling and development.
- *Technology*: Knowledge and skills considered essential in using technology to assist individuals with career planning.

PLEASE NOTE: Highlighted competencies are those that must be met in order to obtain the Master Career Counselor Special Membership Category.

PROFESSIONAL PREPARATION

The competency statements were developed to serve as guidelines for persons interested in career development occupations. They are intended for persons training at the Master's level or higher with a specialty in career counseling. However, this

intention does not prevent other types of career development professionals from using the competencies as guidelines for their own training. The competency statements provide counselor educators, supervisors, and other interested groups with guidelines for the minimum training required for counselors interested in the career counseling specialty. The statements might also serve as guidelines for professional counselors who seek in-service training to qualify as career counselors.

ETHICAL RESPONSIBILITIES

Career development professionals must only perform activities for which they "possess or have access to the necessary skills and resources for giving the kind of help that is needed" (see NCDA and ACA Ethical Standards). If a professional does not have the appropriate training or resources for the type of career concern presented, an appropriate referral must be made. No person should attempt to use skills (within these competency statements) for which he/she has not been trained. For additional ethical guidelines, refer to the NCDA Ethical Standards for Career Counselors.

CAREER COUNSELING COMPETENCIES AND PERFORMANCE INDICATORS

Career Development Theory

Theory base and knowledge considered essential for professionals engaging in career counseling and development. Demonstration of knowledge of:

1. Counseling theories and associated techniques.
2. Theories and models of career development.
3. Individual differences related to gender, sexual orientation, race, ethnicity, and physical and mental capacities.
4. Theoretical models for career development and associated counseling and information-delivery techniques and resources.
5. Human growth and development throughout the life span.
6. Role relationships which facilitate life-work planning.
7. Information, techniques, and models related to career planning and placement.

Individual and Group Counseling Skills

Individual and group counseling competencies considered essential to effective career counseling. Demonstration of ability to:

1. Establish and maintain productive personal relationships with individuals.
2. Establish and maintain a productive group climate.

3. Collaborate with clients in identifying personal goals.
4. Identify and select techniques appropriate to client or group goals and client needs, psychological states, and developmental tasks.
5. Identify and understand clients' personal characteristics related to career.
6. Identify and understand social contextual conditions affecting clients' careers.
7. Identify and understand familial, subcultural and cultural structures and functions as they are related to clients' careers.
8. Identify and understand clients' career decision-making processes.
9. Identify and understand clients' attitudes toward work and workers.
10. Identify and understand clients' biases toward work and workers based on gender, race, and cultural stereotypes.
11. Challenge and encourage clients to take action to prepare for and initiate role transitions by:
 - locating sources of relevant information and experience,
 - obtaining and interpreting information and experiences, and acquiring skills needed to make role transitions.
 - acquiring skills needed to make role transitions.
12. Assist the client to acquire a set of employability and job search skills.
13. Support and challenge clients to examine life-work roles, including the balance of work, leisure, family, and community in their careers.

Individual/Group Assessment

Individual/group assessment skills considered essential for professionals engaging in career counseling. Demonstration of ability to:

1. Assess personal characteristics such as aptitude, achievement, interests, values, and personality traits.
2. Assess leisure interests, learning style, life roles, self-concept, career maturity, vocational identity, career indecision, work environment preference (e.g., work satisfaction), and other related lifestyle/development issues.
3. Assess conditions of the work environment (such as tasks, expectations, norms, and qualities of the physical and social settings).
4. Evaluate and select valid and reliable instruments appropriate to the client's gender, sexual orienta-

tion, race, ethnicity, and physical and mental capacities.

5. Use computer-delivered assessment measures effectively and appropriately.
6. Select assessment techniques appropriate for group administration and those appropriate for individual administration.
7. Administer, score, and report findings from career assessment instruments appropriately.
8. Interpret data from assessment instruments and present the results to clients and to others.
9. Assist the client and others designated by the client to interpret data from assessment instruments.
10. Write an accurate report of assessment results.

Information/Resources

Information/resource base and knowledge essential for professionals engaging in career counseling. Demonstration of knowledge of:

1. Education, training, and employment trends; labor market information and resources that provide information about job tasks, functions, salaries, requirements and future outlooks related to broad occupational fields and individual occupations.
2. Resources and skills that clients utilize in life-work planning and management.
3. Community/professional resources available to assist clients in career planning, including job search.
4. Changing roles of women and men and the implications that this has for education, family, and leisure.
5. Methods of good use of computer-based career information delivery systems (CIDS) and computer-assisted career guidance systems (CACGS) to assist with career planning.

Program Promotion, Management, and Implementation

Knowledge and skills necessary to develop, plan, implement, and manage comprehensive career development programs in a variety of settings. Demonstration of knowledge of:

1. Designs that can be used in the organization of career development programs.
2. Needs assessment and evaluation techniques and practices.
3. Organizational theories, including diagnosis, behavior, planning, organizational communication, and management useful in implementing and administering career development programs.

4. Methods of forecasting, budgeting, planning, costing, policy analysis, resource allocation, and quality control.
5. Leadership theories and approaches for evaluation and feedback, organizational change, decision-making, and conflict resolution.
6. Professional standards and criteria for career development programs.
7. Societal trends and state and federal legislation that influence the development and implementation of career development programs.

Demonstration of ability to:

8. Implement individual and group programs in career development for specified populations.
9. Train others about the appropriate use of computer-based systems for career information and planning.
10. Plan, organize, and manage a comprehensive career resource center.
11. Implement career development programs in collaboration with others.
12. Identify and evaluate staff competencies.
13. Mount a marketing and public relations campaign in behalf of career development activities and services.

Coaching, Consultation, and Performance Improvement

Knowledge and skills considered essential in relating to individuals and organizations that impact the career counseling and development process. Demonstration of ability to:

1. Use consultation theories, strategies, and models.
2. Establish and maintain a productive consultative relationship with people who can influence a client's career.
3. Help the general public and legislators to understand the importance of career counseling, career development, and life-work planning.
4. Impact public policy as it relates to career development and workforce planning.
5. Analyze future organizational needs and current level of employee skills and develop performance improvement training.
6. Mentor and coach employees.

Diverse Populations

Knowledge and skills considered essential in relating to diverse populations that impact career counseling and development processes. Demonstration of ability to:

1. Identify development model and multicultural counseling competencies.
2. Identify developmental needs unique to various diverse populations, including those of different gender, sexual orientation, ethnic group, race, and physical or mental capacity.
3. Define career development programs to accommodate needs unique to various diverse populations.
4. Find appropriate methods or resources to communicate with limited-English-proficient individuals.
5. Identify alternative approaches to meet career planning needs for individuals of various diverse populations.
6. Identify community resources and establish linkages to assist clients with specific needs.
7. Assist other staff members, professionals, and community members in understanding the unique needs/characteristics of diverse populations with regard to career exploration, employment expectations, and economic/social issues.
8. Advocate for the career development and employment of diverse populations.
9. Design and deliver career development programs and materials to hard-to-reach populations.

Supervision

Knowledge and skills considered essential in critically evaluating counselor or career development facilitator performance, maintaining and improving professional skills. Demonstration of:

1. Ability to recognize own limitations as a career counselor and to seek supervision or refer clients when appropriate.
2. Ability to utilize supervision on a regular basis to maintain and improve counselor skills.
3. Ability to consult with supervisors and colleagues regarding client and counseling issues and issues related to one's own professional development as a career counselor.
4. Knowledge of supervision models and theories.
5. Ability to provide effective supervision to career counselors and career development facilitators at different levels of experience.
6. Ability to provide effective supervision to career development facilitators at different levels of experience by:
 - knowledge of their roles, competencies, and ethical standards
 - determining their competence in each of the areas included in their certification

- further training them in competencies, including interpretation of assessment instruments
- monitoring and mentoring their activities in support of the professional career counselor; and scheduling regular consultations for the purpose of reviewing their activities

Ethical/Legal Issues

Information base and knowledge essential for the ethical and legal practice of career counseling. Demonstration of knowledge of:

1. Adherence to ethical codes and standards relevant to the profession of career counseling (e.g. NBCC, NCDA, and ACA).
2. Current ethical and legal issues which affect the practice of career counseling with all populations.
3. Current ethical/legal issues with regard to the use of computer-assisted career guidance systems.
4. Ethical standards relating to consultation issues.
5. State and federal statutes relating to client confidentiality.

Research/Evaluation

Knowledge and skills considered essential in understanding and conducting research and evaluation in career counseling and development. Demonstration of ability to:

1. Write a research proposal.
2. Use types of research and research designs appropriate to career counseling and development research.

3. Convey research findings related to the effectiveness of career counseling programs.
4. Design, conduct, and use the results of evaluation programs.
5. Design evaluation programs which take into account the need of various diverse populations, including persons of both genders, differing sexual orientations, different ethnic and racial backgrounds, and differing physical and mental capacities.
6. Apply appropriate statistical procedures to career development research.

Technology

Knowledge and skills considered essential in using technology to assist individuals with career planning. Demonstration of knowledge of:

1. Various computer-based guidance and information systems as well as services available on the Internet.
2. Standards by which such systems and services are evaluated (e.g., NCDA and ACSCI).
3. Ways in which to use computer-based systems and Internet services to assist individuals with career planning that are consistent with ethical standards.
4. Characteristics of clients which make them profit more or less from use of technology-driven systems.
5. Methods to evaluate and select a system to meet local needs.

Appendix K

Competencies in Assessment and Evaluation for School Counselors

Approved by the American School Counselor Association on September 21, 1998, and by the Association for Assessment in Counseling on September 10, 1998.

The purpose of these competencies is to provide a description of the knowledge and skills that school counselors need in the areas of assessment and evaluation. Because effectiveness in assessment and evaluation is critical to effective counseling, these competencies are important for school counselor education and practice. Although consistent with existing Council for Accreditation of Counseling and Related Educational Programs (CACREP) and National Association of State Directors of Teacher Education and Certification (NASDTEC) standards for preparing counselors, they focus on competencies of individual counselors rather than content of counselor education programs.

The competencies can be used by counselor and assessment educators as a guide in the development and evaluation of school counselor preparation programs, workshops, in service, and other continuing education opportunities. They may also be used by school counselors to evaluate their own professional development and continuing education needs.

School counselors should meet each of the nine numbered competencies and have the specific skills listed under each competency.

Competency 1. School counselors are skilled in choosing assessment strategies.

- a. They can describe the nature and use of different types of formal and informal assessments, including questionnaires, checklists, interviews, inventories, tests, observations, surveys, and performance assessments, and work with individuals skilled in clinical assessment.
- b. They can specify the types of information most readily obtained from different assessment approaches.

- c. They are familiar with resources for critically evaluating each type of assessment and can use them in choosing appropriate assessment strategies.
- d. They are able to advise and assist others (e.g., a school district) in choosing appropriate assessment strategies.

Competency 2. School counselors can identify, access, and evaluate the most commonly used assessment instruments.

- a. They know which assessment instruments are most commonly used in school settings to assess intelligence, aptitude, achievement, personality, work values, and interests, including computer-assisted versions and other alternate formats.
- b. They know the dimensions along which assessment instruments should be evaluated, including purpose, validity, utility, norms, reliability and measurement error, score reporting method, and consequences [of] CT use.
- c. They can obtain and evaluate information about the quality of those assessment instruments.

Competency 3. School counselors are skilled in the techniques of administration and methods of scoring assessment instruments.

- a. They can implement appropriate administration procedures, including administration using computers.
- b. They can standardize administration of assessments when interpretation is in relation to external norms.
- c. They can modify administration of assessments to accommodate individual differences consistent with

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publisher recommendations and current statements of professional practice.

- d. They can provide consultation, information, and training to others who assist with administration and scoring.
- e. They know when it is necessary to obtain informed consent from parents or guardians before administering an assessment.

Competency 4. School counselors are skilled in interpreting and reporting assessment results.

- a. They can explain scores that are commonly reported, such as percentile ranks, standard scores, and grade equivalents. They can interpret a confidence interval for an individual score based on a standard error of measurement.
- b. They can evaluate the appropriateness of a norm group when interpreting the scores of an individual or a group.
- c. They are skilled in communicating assessment information to others, including teachers, administrators, students, parents, and the community. They are aware of the rights students and parents have to know assessment results and decisions made as a consequence of any assessment.
- d. They can evaluate their own strengths and limitations in the use of assessment instruments and in assessing students with disabilities or linguistic or cultural differences. They know how to identify professionals with appropriate training and experience for consultation.
- e. They know the legal and ethical principles about confidentiality and disclosure of assessment information and recognize the need to abide by district policy on retention and use of assessment information.

Competency 5. School counselors are skilled in using assessment results in decision-making.

- a. They recognize the limitations of using a single score in making an educational decision and know how to obtain multiple sources of information to improve such decisions.
- b. They can evaluate their own expertise for making decisions based on assessment results. They also can evaluate the limitations of conclusions provided by others, including the reliability and validity of computer-assisted assessment interpretations.
- c. They can evaluate whether the available evidence is adequate to support the intended use of an assessment result for decision-making, particularly when that use has not been recommended by the developer of the assessment instrument.
- d. They can evaluate the rationale underlying the use of qualifying scores for placement in educational programs or courses of study.

- e. They can evaluate the consequences of assessment-related decisions and avoid actions that would have unintended negative consequences.

Competency 6. School counselors are skilled in producing, interpreting, and presenting statistical information about assessment results.

- a. They can describe data (e.g., test scores, grades, demographic information) by forming frequency distributions, preparing tables, drawing graphs, and calculating descriptive indices of central tendency, variability, and relationship.
- b. They can compare a score from an assessment instrument with an existing distribution, describe the placement of a score within a normal distribution, and draw appropriate inferences.
- c. They can interpret statistics used to describe characteristics of assessment instruments, including difficulty and discrimination indices, reliability and validity coefficients, and standard errors of measurement.
- d. They can identify and interpret inferential statistics when comparing groups, making predictions, and drawing conclusions needed for educational planning and decisions.
- e. They can use computers for data management, statistical analysis, and production of tables and graphs for reporting and interpreting results.

Competency 7. School counselors are skilled in conducting and interpreting evaluations of school counseling programs and counseling-related interventions.

- a. They understand and appreciate the role that evaluation plays in the program development process throughout the life of a program.
- b. They can describe the purposes of an evaluation and the types of decisions to be based on evaluation information.
- c. They can evaluate the degree to which information can justify conclusions and decisions about a program.
- d. They can evaluate the extent to which student outcome measures match program goals.
- e. They can identify and evaluate possibilities for unintended outcomes and possible impacts of one program on other programs.
- f. They can recognize potential conflicts of interest and other factors that may bias the results of evaluations.

Competency 8. School counselors are skilled in adapting and using questionnaires, surveys, and other assessments to meet local needs.

- a. They can write specifications and questions for local assessments.
- b. They can assemble an assessment into a usable format and provide directions for its use.
- c. They can design and implement scoring processes and procedures for information feedback.

Competency 9. School counselors know how to engage in professionally responsible assessment and evaluation practices.

- a. They understand how to act in accordance with ACA's Code of Ethics and Standards of Practice and ASCA's Ethical Standards for School Counselors.
- b. They can use professional codes and standards, including the Code of Fair Testing Practices in Education, Code of Professional Responsibilities in Educational Measurement, Responsibilities of Users of Standardized Tests, and Standards for Educational and Psychological Testing, to evaluate counseling practices using assessments.
- c. They understand test fairness and can avoid the selection of biased assessment instruments and biased uses of assessment instruments. They can evaluate the potential for unfairness when tests are used incorrectly and for possible bias in the interpretation of assessment results.
- d. They understand the legal and ethical principles and practices regarding test security, copying copyrighted materials, and unsupervised use of assessment instruments that are not intended for self-administration.
- e. They can obtain and maintain available credentialing that demonstrates their skills in assessment and evaluation.

- f. They know how to identify and participate in educational and training opportunities to maintain competence and acquire new skills in assessment and evaluation.

DEFINITIONS OF TERMS

Competencies describe skills or understandings that a school counselor should possess to perform assessment and evaluation activities effectively.

Assessment is the gathering of information for decision making about individuals, groups, programs, or processes. Assessment targets include abilities, achievements, personality variables, aptitudes, attitudes, preferences, interests, values, demographics, and other characteristics. Assessment procedures include but are not limited to standardized and unstandardized tests, questionnaires, inventories, checklists, observations, portfolios, performance assessments, rating scales, surveys, interviews, and other clinical measures.

Evaluation is the collection and interpretation of information to make judgments about individuals, programs, or processes that lead to decisions and future actions.

Note: A joint committee of the American School Counselor Association (ASCA) and the Association for Assessment in Counseling (AACE) was appointed by the respective presidents in 1993 with the charge to draft a statement about school counselor preparation in assessment and evaluation. Committee members were Ruth Ekstrom (AACE), Patricia Elmore (AACE, Chair, 1997–1998), Daren Hutchinson (ASCA), Marjorie Mastie (AACE), Kathy O'Rourke (ASCA), William Schafer (AACE, Chair, 1993–1997), Thomas Trotter (ASCA), and Barbara Webster (ASCA).

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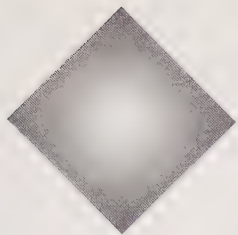
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